BALTIMORE CITY HEALTH DEPARTMENT

BUREAU OF VITAL STATISTICS

Birth Record 1884-1893

L00002-L00609

CR 77,461

MSA CM1135

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	RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltim To the Office of Registrar of Vital Statistics, Board of Health, Baltim No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	No of Child of Mother (state whether 1st, 2d, 3d, &c.)
	Sex, (state whether male or female)
	2. Race or Color, (if not of the white race) 21/hc/h 3. Date of Birth, 2. Race or Color, (if not of the white race) 21/hc/h
	4. Place of Birth, (Street and Number) //5 Z/ 2
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	Router's Director, Indicated a special state of
	Name of Medical Attendant, or other person who makes this Return,
	Address, Remarks, Remarks,
	To be the second of the second

The and person led in the control of such that	RETURN OF A BIRTH. 10003 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	1. Sex, (state whether male or female)
	2. Race or Color, (if not of the white race).
	3. Date of Birth, 2/2 Converted 18 99
	4. Place of Birth, (Street and Number) 1001 Contained of.
	5. Full Name of Mother,
	6. Mother's Maiden Name,
	7. Mother's Birthplace, tristricy
	8. Full Name of Father, Se Sol Startes
	9. Father's Occupation, 43 Cart.
	10. Father's Birthplace, And Incia
	Name of Medical Attendant, or other person who have this Return.
	Address, 12 alferrarle A
	Remarks,
	CO COUNTY CHICAGO AND STATIONESS.

RETURN OF A BIRTH. 100004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1.	Sex, (state whether male or female)
	Race or Color, (if not of the white race)
3.	Date of Birth, 22 and January 1892
4.	Place of Birth, (Street and Number) 237 Conglo 14.
5.	Full Name of Mother, A France Collen
6.	Mother's Maiden Name, Mossesson
7.	Mother's Birthplace, Prissica
8.	Full Name of Father, Maylin Cohen
9.	Father's Occupation, Tailor
	Father's Birthplace, Russia
	Name of Medical Attendant, or other person who Concluded the makes this Return,
	Address, 42 allenneste ff
	Remarks,

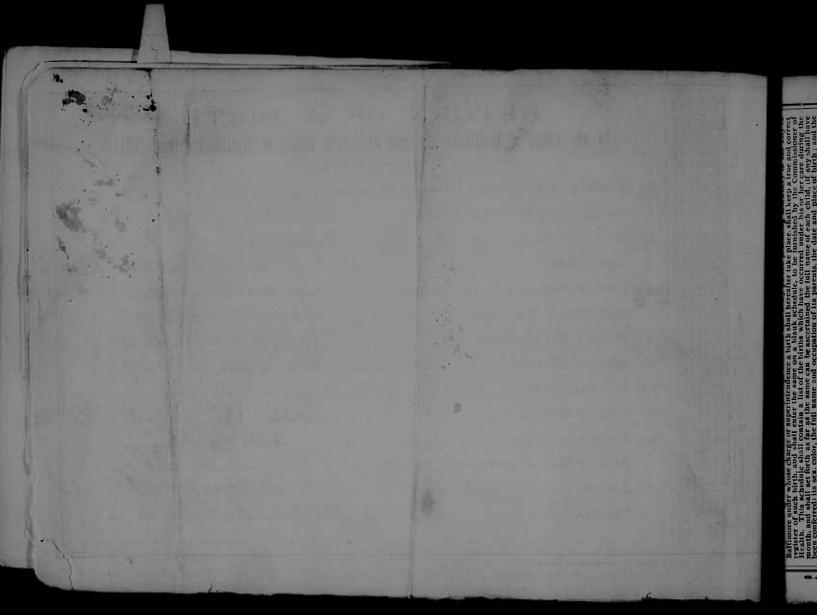
RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... NI. Sex, (state whether male or female) Race or Color, (if not of the white race). Colored January 20th 1892 3. Date of Birth, 723 Wassche st 4. Place of Birth, (Street and Number) 5. Full Name of Mother, ... Amelia Thomas 6. Mother's Maiden Name, Wilson 7. Mother's Birthplace, Ballimore Md 8. Full Name of Father, 9. Father's Occupation, Porter 10. Father's Birthplace, ... Baltimore Md Name of Medical Attendant, or other person who Mrs. Ann Cornish Address, Remarks. Nogel

RETURN OF A BIRTH ALOGOOG To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. cof Child of Mother, (state whether 1st, 2d, 3d, &c.) Fernale 15/Sex, (state whether male or female).... Race or Color, (if not of the white race) Jan. 10 1892 3. Date of Birth,.... 41 William St. 4. Place of Birth, (Street and Number) Annie Conferon 5. Full Name of Mother, Annie Fishbeck 6. Mother's Maiden Name, Boltimore 7. Mother's Birthplace,____ Fired Confusor 8. Full Name of Father, 9. Father's Occupation, Baltimore 10. Father's Birthplace, lo as been Name of Medical Attendant, or other person who 213. 6 Steath SI Address,.... Spring Stell Remarks,

RETURN OF A BIRTH. LOOOO7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ij No.	of Child of Mother, (state whether 1st, 2d, 3d	d, &c.)
1.	Sex, (state whether male or female)	Color Lemale
2.	Race or Color, (if not of the white race)	Jan 29 th 1899
3.	Date of Birth,	107 Welcome Allen
145	Ptace of Birth, (Street and Number)	Jannie Fichest
	Name of Mother,	
沙里	Nother's Maiden Name,	Battimore M. Jo
7.	Mother's Birthplace,	William Ficheta
8.	Full Name of Father,	Savor
9.	Father's Occupation,	East vill virgina
10.	Father's Birthplace,	semale 1
	Name of Medical Attendant, or other person who makes this Return,	Charfottie Williams
	Address,	910 Leagen - hall st
,	Remarks,	five dollars



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother, DUON Eliveth Brooks

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

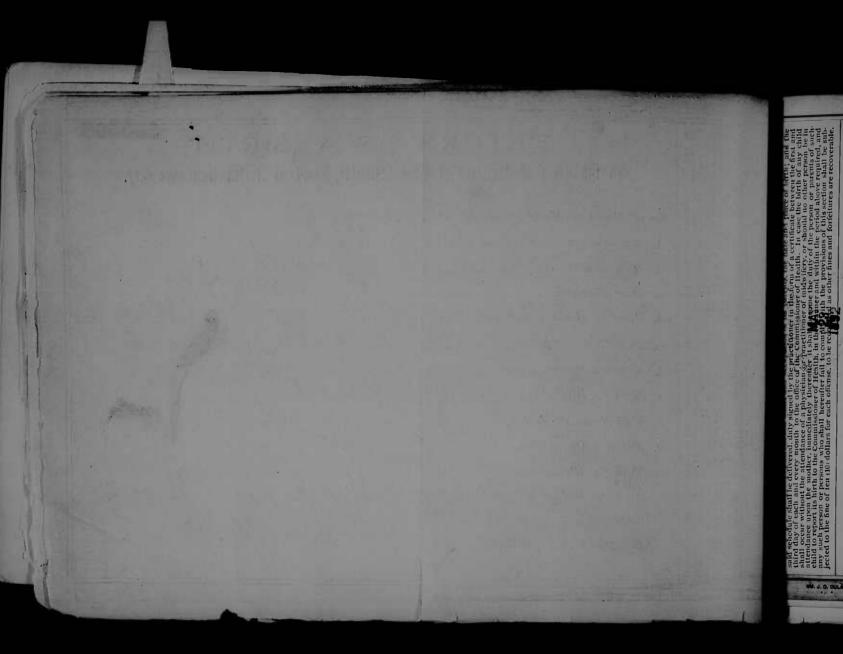
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant of other person who
Address,

Remarks, Odded Council Do office

ML J. C. BALLEY & CO., CITY PRINTERS AND STATIONS



RETURN OF A BIRTH LOOOO9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	_ /
1. Sex, (state whether male or female)	
2. Race or Color, (if not of the white race)	
3. Date of Birth, and 23 4 1772	
4. Place of Birth, (Street and Number) 945 Charle	
5. Full Name of Mother, Chose Janes to	
6. Mother's Maiden Name, & Brown	
7. Mother's Birthplace, Virgina	
8. Full Name of Father, Scorge He Forest	
9. Father's Occupation, Secretor on went	
10. Father's Birthplace, At Mary 6.	
Name of Medical Attendant, or other person who	
Address, 715-0/ Darhown 1	•••••••••••••••••••••••••••••••••••••••
Remarks, Dalernor	

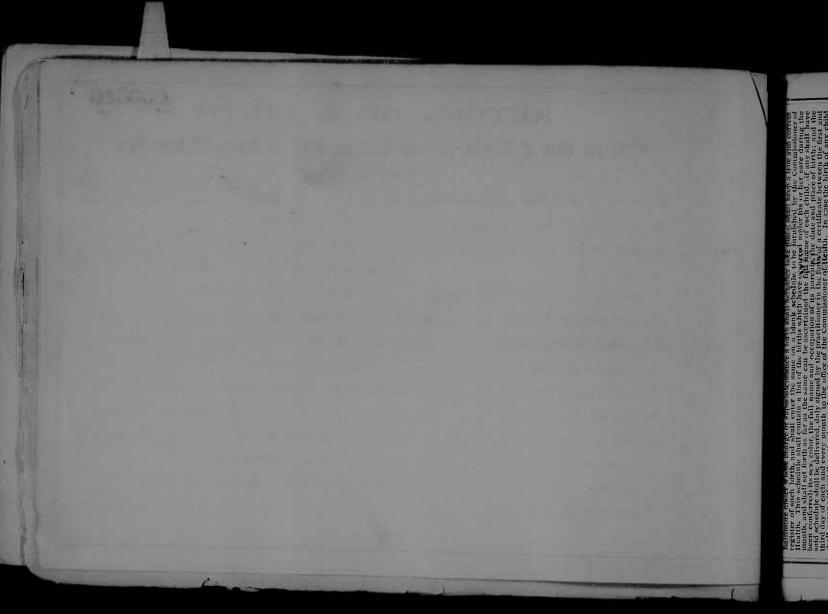
WE . J. O. DULANY & CO., CLTY, PRINTERS AND STATIONERS



RETURN OF A BIRTH. LOOO10

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 15. Sex, (state whether male or female) ————————————————————————————————————
	Race or Color, (if not of the white race) while
3.	Date of Birth,
4.	Place of Birth, (Street and Number) 1009 E. Hoffman Dt.
5.	Full Name of Mother, May & mcKenna
6.	Mother's Maiden Name, May E. Couray
7.	Mother's Birthplace, Philadeephia
	Full Name of Father, Michael McKermia
9.	Father's Occupation, Police Officer
10.	Father's Birthplace, Incland.
	Name of Medical Attendant, or other person who Wilmer Brinton m. o.
	Address, lealnest and Preston Sti
	Remarks,



RETURN OF A BIRTH LOOM

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. eannette Higgins Not of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) Temale 2. Race or Color, (if not of the white race)... Jan 28/92 3. Date of Birth, 9106. E. Preshu 4. Place of Birth, (Street and Number) Enry S. Higgin 5. Full Name of Mother, adams. 6. Mother's Maiden Name, Ballo. 7. Mother's Birthplace. alfred to Abygin 8. Full Name of Father, 9. Father's Occupation, Auth Centrude Ina au la bes 10. Father's Birthplace,.... Name of Medical Attendant, or other person who Gonaw Pub roll Address.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONES

Remarks.

SECAT:

RETURN OF A BIRTH LOOMS

7	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, Law 23/9 2
	Place of Birth, (Street and Number) 20 Parkin sh
5.	Full Name of Mother, Sora Rosenbaume
6.	Mother's Maiden Name, (1) Atraus
7.	Mother's Birthplace, Balt.
8.	Full Name of Father, Benjoin Resembane
9.	Father's Occupation, Muchanil
0.	Father's Birthplace, Benain Lewis
	Name of Medical Attendant, or other person who
	Address, 208 auguil 26
	Remarks

WM. J. C. DULANY & OD , CITY PRINTERS AND STATIONERS

	To the vince of Registrar of Vital Statistics, Board of Health, Baltimore City
No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, Lawy 16 1894
4.	Place of Birth, (Street and Number) 23 Hulls Lane
5.	Full Name of Mother, Grances Downport
6.	Mother's Maiden Name, Mewnan
7.	Mother's Birthplace, Vergenice
8.	Full Name of Father, Willetin Darmbort
9.	Father's Occupation, follows
10.	Father's Birthplace, / wymia
	Name of Medical Attendant, or other person who
	Address, Harrelypellson
	Remarks. Chas M Davinbowt 5 from to

RETURN OF A BIRTH. LOOMS

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH LOOMA

1/	to the omice of Registrar of Vital Statistics, Board of Health, Baltimore City.
	Wargaret Gertrude Murray
No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) Temale
2.	Race or Color, (if not of the white race) while
3.	Date of Birth, San. 18 th 1/89 2
4.	Place of Birth, (Street and Number) #36. 2 md St
5.	Full Name of Mother, Many of Munday
6.	Mother's Maiden Name, May A. Hessien
7.	Mother's Birthplace, Ineland
8.	Full Name of Father, Peter & Mullay
	Father's Occupation, N. l. R. Road & mplyed
	Father's Birthplace, Balt. Co. Ind.
	Name of Medical Attendant, or other person who Wilmen British MIL
	Address, lealnest quy Preston Sti
	Remarks,

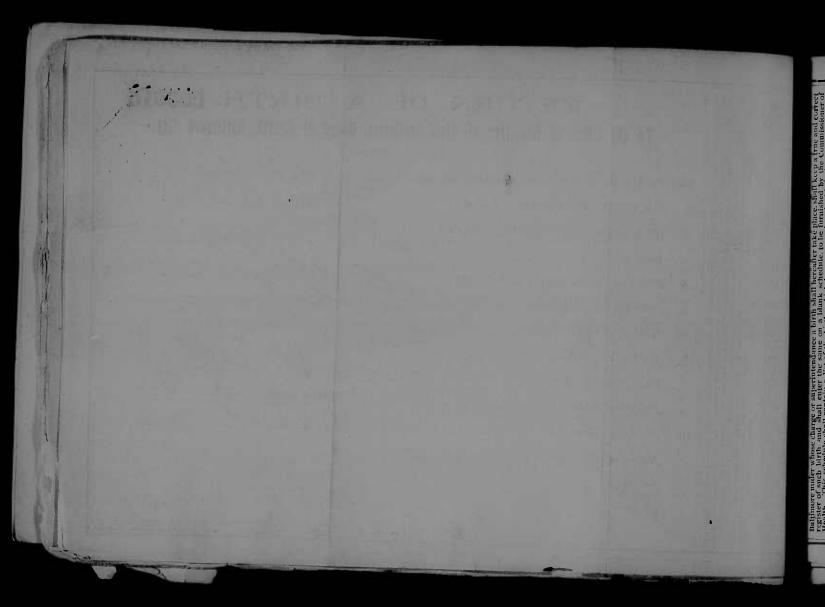
WM. J. C. DULANY & CO , CITY PRINTERS AND STATIONER

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RETURN OF A BIRTH LOODIS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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nder holder hold	1.	Sex, (state whether male or female) / Legiole
name du the da che da c	2.	Race or Color, (if not of the white race)
forms, fo	. ,	Date of Birth,
ir have the the the the the the the the the th	4.	Place of Birth, (Street and Number) 1995 Begin En
whice certain fon of tioner mmiss actitio hall b		Full Name of Mother, Mathetale Sodson
hirths bc as ccupat practi he Co or pr or pr ail to to be		Mother's Maiden Name, Matthe Bush
of the ne can by the ce of sician rerealt of Hei		Mother's Birthplace, Balto 2236
a list he sam hance igned he office a phy tely the sioner I here;		Full Name of Father, Dannence Woolcon
r as the full duly s the tot the tot unce of media med		Father's Occupation, Tan - mules
as fa as fa lor, the rered. y mon tenda er, in the Co the Co oblanda	-	- Back - C
forth forth forth forth forth for the all the all the all the all the all the all the forth for the forth for the forth for the forth for the forth forth for the forth forth forth forth for the forth fort	10.	Father's Birthplace, OCH G 222C
sched all set of its schall b ich an thout on the its bin or or		Name of Medical Attendant, or other person who makes this Return,
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anth, a control of sche control of such ted to		Remarks, Orve 6 7 Zec
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RETURN OF A BIRTH 4000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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under of each date a certing. In Inthe stone of the stone	1.	Sex, (state whether male or female) Wale
wired with duty duty duty duty duty duty duty duty	2.	Race or Color, (if not of the white race) which
Service de la constante de la	38.	Date of Birth, Jany 8 00 192
of the hard to he had to he had to he		Place of Birth, (Street and Number) 1128 Calledral
Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta Scerta S Scerta	5.	Full Name of Mother, Ven Tunger
in be as occuping pro- of the of the n or parter is realth fail to	6.	Mother's Maiden Name, Viin Bucke.
ed by the cand office of the cand	77	Mother's Birthplace, CCC.
the sauthe sauthe sauth sign of the to the of the o	8.	Full Name of Father, E. L. Berger
far as the full double out the full and the full far as full far a	9.	Father's Occupation, Superintening of mines
th as the as front in a streng matter or the ons w 100 do		Father's Birthplace, Verginia
set for set for set for and e different pers		Name of Medical Attendant, or other person who
shall red) it c shall each withou upon upon rson c		Address,
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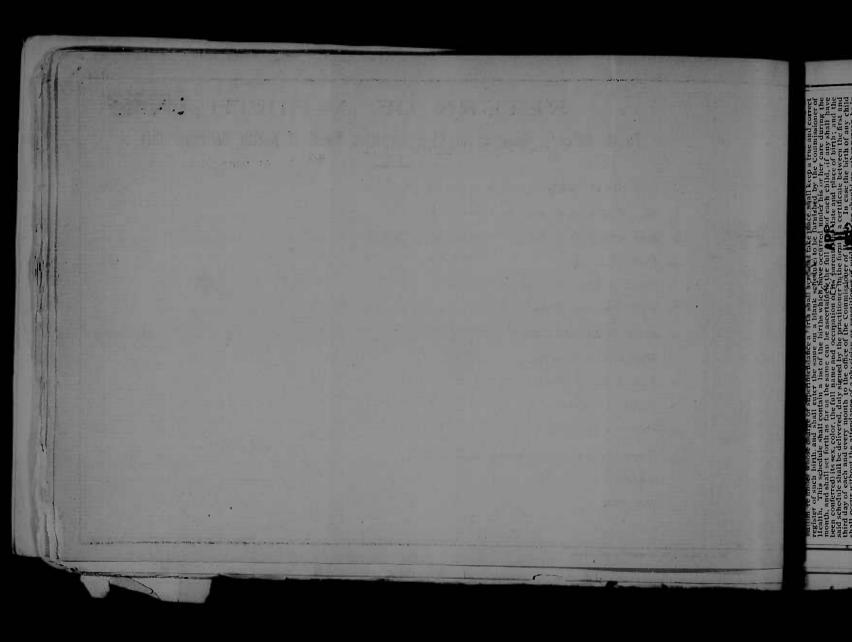
WM. J. C. DULANY & GB., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1	140.	of Child of Mother, (state whether 1st, 2a, 3d, &c.)
	1.	Sex, (state whether male or female) Hen de
	2.	Race or Color, (if not of the white race) while
	3.	Date of Birth, Jan 16 00 /97
		Place of Birth, (Street and Number) 1740 Sound Kiel ave
	5.	Full Name of Mother, Wen Jas Leland
		Mother's Maiden Name, David Know
1	7.	Mother's Birthplace, Way land
	8.	Full Name of Father, Jan Leland
		Father's Occupation, Week ank
1	10.	Father's Birthplace, Vergenia
		Name of Medical Attendant, or other person who
ĺ		Address,
		Remarks,
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WM. J. C. DULANY & GG., CITY PRINTERS AND STATIONERS

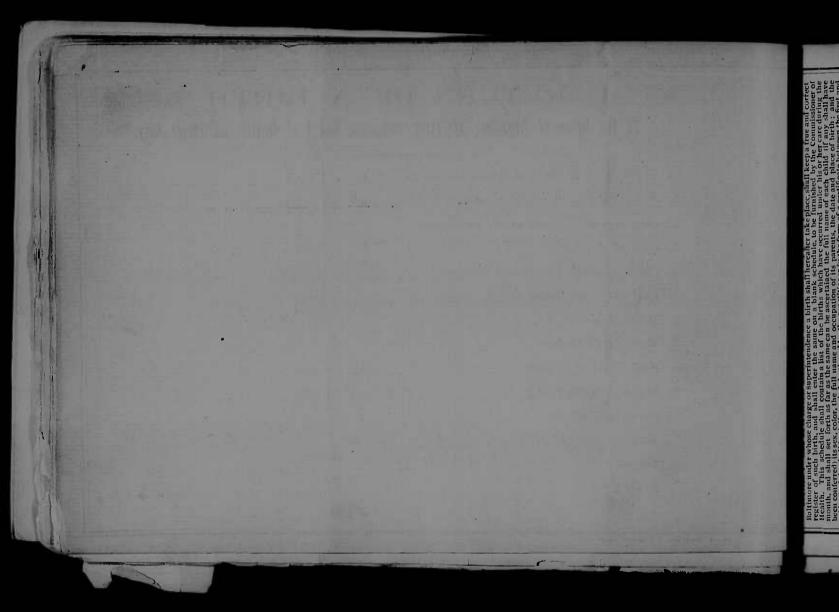


RETURN OF A BIRTH LO0018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) Female
	Race or Color, (if not of the white race) which
3.	Date of Birth, Janey 2/92
4.	Place of Birth, (Street and Number) W. Wow on M. men chares
5.	Full Name of Mother, New Euler
6.	Mother's Maiden Name, Vin Salger
7.	Mother's Birthplace, Dank Know
	Full Name of Father, — Ever
9.	Father's Occupation, Werchauk
10.	Father's Birthplace, Lemany
	Name of Medical Attendant, or other person who T. a. acte.
1.	Address,
	Remarks,

WM. J. C. DULANY & DO., CITY PRINTERS AND STATIONS



RETURN OF A BIRTHA

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

LVO.	of Unita of Mother, (state whether 1st, 2a, 5a, &c)3		
1.	Sex, (state whether male or female) female	(E g	
	Pace or Color, (if not of the white race) bolor		
3.	De of Birth, 2 of Jan		
4	Plan of Birth, (Street and Number) 108 Green St		
	But Jame of Mother, annie martin		
6	Money's Maiden Name, Annie	***************************************	
3	Mother's Birthplace, Balto		
8.	Fix Name of Father, Bern martin	••••	
	Father's Occupation, local haster		
	Father's Birthplace, Batto		
	Name of Medical Attendent, or other person who makes this Return.		
	Address, anglise Irulson	,	
	Remarks, A.		
	4000000 1009,		

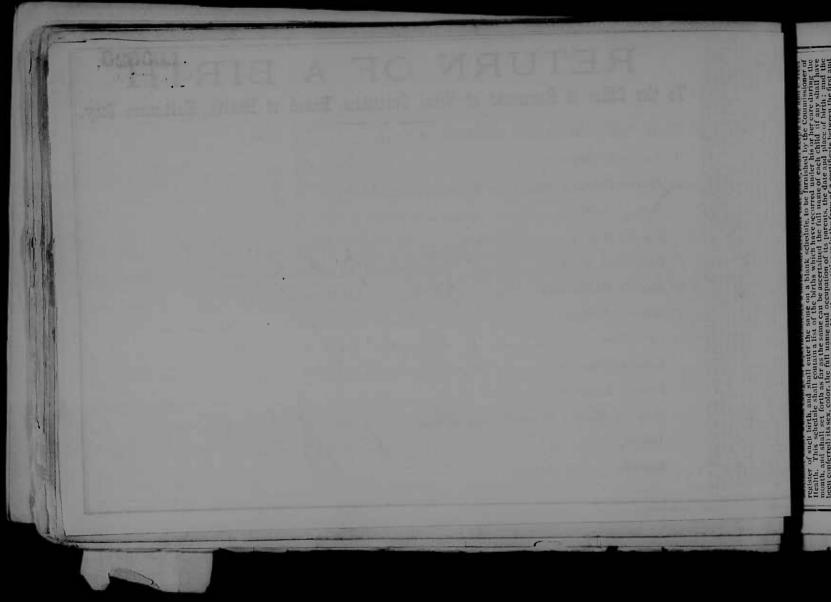
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	3. Dute of Birth, Street and Number) Sweet Providery & Jeffers S.
on a bhase can b	3. 4 jull Name of Mother, Occle Of lemper
r the sum and a life in a short of the control of t	Mother's Maiden Name, Selle Sarrington
shall ente orth, ne red.) he se red.) he se hechte sh her day henre day henre ou misme ou misse ou misme ou misse ou misse ou misse ou misse ou misse ou misse ou misse ou mis	8. Full Name of Father, 26. A Company
irth, und schedule shull set for our confer he suid sel hes nud occur wit he in ute he in ute he in ute he shull h	9. Father's Occupation, Sermany 10. Father's Birthplace, Germany
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t register of Heal not the more than the per merson or the of the of the person or the of the of the person or the of the of the more than the person or the of the of the of the of the more than the of the	Address, 32/1/8 Empette 57. Remarks,
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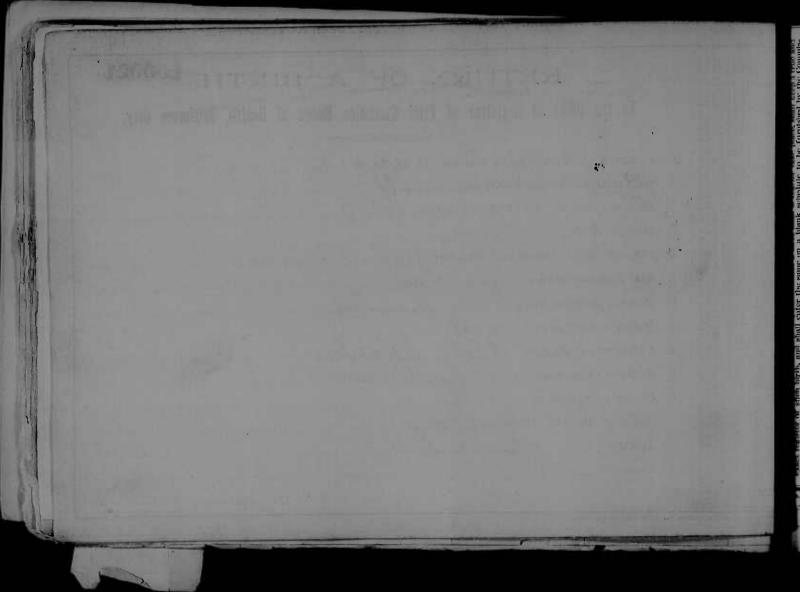


RETURN OF A BIRTH 100021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c)
1.	Se (state whether male or female) In only
	tace or Color, (if not of the white race) White
3.5	gates Firth, 10 of Jan
4.	proce of Birth, (Street and Number) 200 h. le soss st
	Hall Name of Mother, Ellen Rare
	Mother's Maiden Name, Ellen spanker
	Mother's Birthplace, Bolto
S S	Full Name of Father, Alver Spanker
0.	Father's Occupation, bigar maker
10.	Father's Birthplace, Bolto
	Name of Medical Attendent, or other person who makes this Return.
	Address, angline krilson
	Remarks, Sone

MM. J. D. DULANY & DO. , CITY PRINTERS AND STATIONS

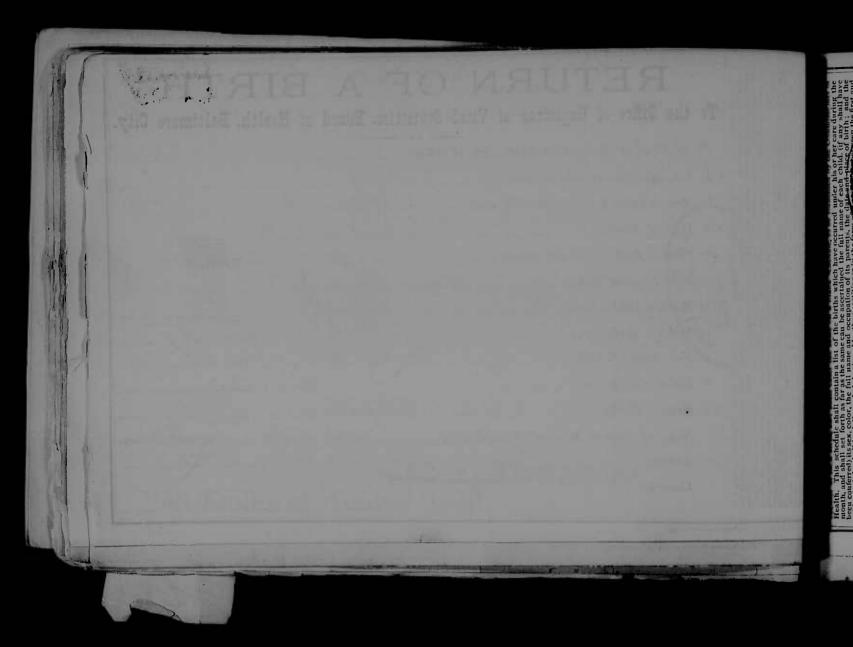


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	F)FA	OF A BIR

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Ne	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth A-LOOO2
	1.	Sex, (state whether male or female)
	-	Race or Color, (if not of the white race)
	3.	Date of Birth, famy 12, 1,891
2	(D)	Frace of Birth, (Street and Number) 1706 Meloch & X.
ŧ	12 1	Full Name of Mother, Catherine Elesebeth Steinbach
		Mother's Muiden Name, Cathering Clarebath Or Ew bourer
-	150	Mother's Birthplace, Ballot synangland
		Full Name of Father, Strat Bleinbach
		Father's Occupation, Joseph
		Futher's Birthplace, Samany
		Name of Medical Attendant, or other Person who has this Return
		Address, 1327 W Fangesty S.
		Remarks, GIVEN NAME ADDED 7-28-53 Way Elizabeth Steinbach

THE COLUMN PRINTERS AND STATIONERS

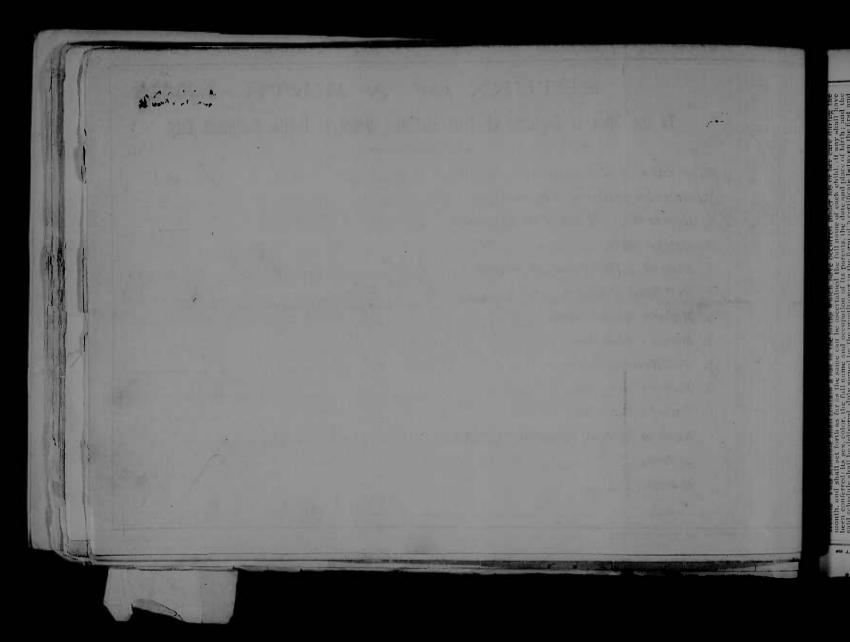


RETURN OF A BIRTH LODO23

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

昌	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th & 8th. (Juins)
	Sex, (state whether male or female) Finals
Z .	Race or Color, (if not of the white race)
3.	Date of Birth, Jan. 14, 1891.
4.	Place of Birth, (Street and Number) 615 St. Paul St., Bultimore, Md.
5.	Full Name of Mother, amanda U. Hopkins
	Mother's Maiden Name,
7.	Mother's Birthplace,
8.	Full Name of Father, J. J.C. Hopkins
9.	Father's Occupation, Loawyer
	Father's Birthplace,
	Name of Medical Attendant, or other person who Howard a. Kelly
	Address, 905 N. Charles St.
	Remarks,

WM. J. G. DULANY & GO., GITY PRINTERS AND STATION



RETURN OF A BIRTHA LOOO24

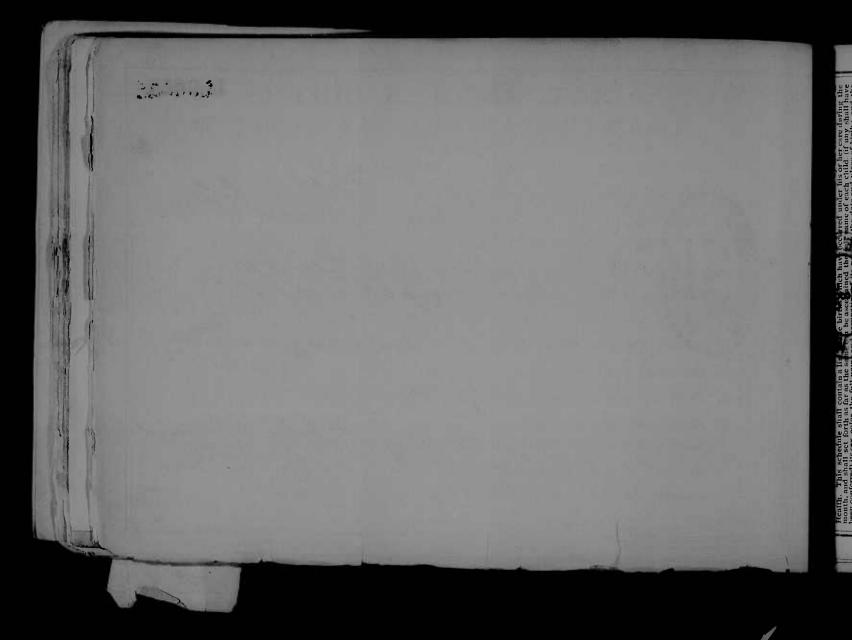
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thus . (State whether male or female). Male 3. Date Birth, Jan. 14th 1891. 15 The Birth (Street and Number) 214. I Sun ean alley. 5.6. Month's Maiden Name, Elemona Rea I wiher's Birthplace, Flarmant. Some wet boundy heavyland 8. Full Name of Father,... 9. Father's Occupation,

10. Father's Birthplace,...

Name of Medical Attendant, or other person who Address, #2102. Ocheans Rt 1

Remarks, Halural delineny.

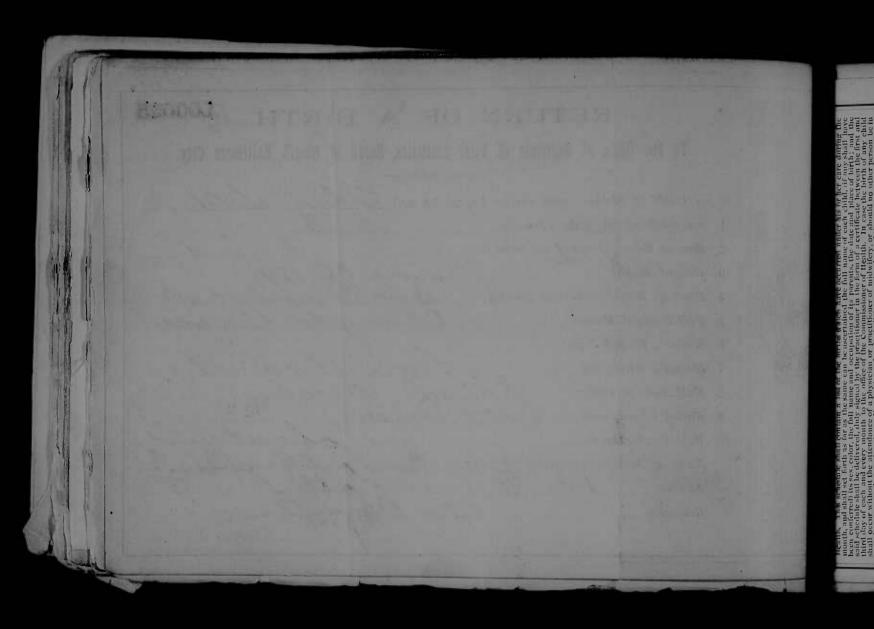


RETURN OF A BIRTH. 1.00025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d	, 3d, &c.) Third child
1. Sex, (state whether male or female)	
2. Race or Color, (if not of the white race)	Calard
3. Date of Birth,	morf-68-1891
4. Place of Birth, (Street and Number)	269 Wound street
5. Full Name of Mother,	Mary & Brooks
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Solver town try
8. Full Name of Father, Sais	rel Brooks
9. Father's Occupation, Mat	Driver
10. Father's Birthplace,	bally strant.
Name of Medical Attendant, or other person who	Coule Munha
Address, 13/ Wel	complete
Remarks,	- Planning Colo

WM. J. C. DULANY & GO , CITY PRINTERS AND STATION

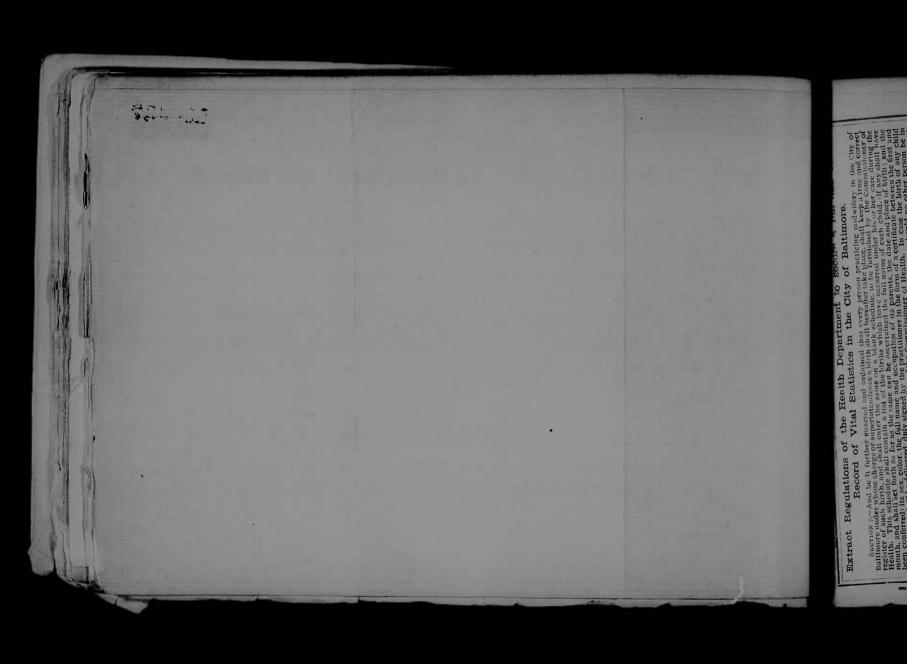


RETURN OF A BIRTH

L00026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

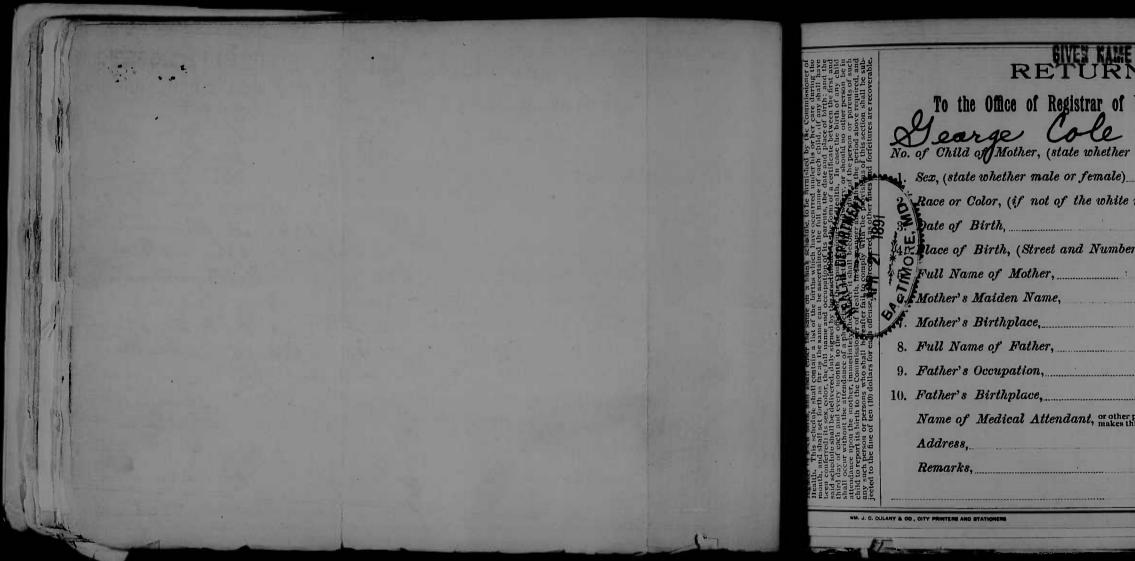
U.	of Child of Monte, (state whether 188, 24, 54, 66.)
١.	Sec, (State whether male or female)
7	Lace or Nor, (if not of the white race) Moch
11/1	pace of Firth, 21 Jan
	Place of Wirth, (Street and Number) 505 Pallas Street
5 .	150 Nother, Balbara Shoule
Y.	Mother Maiden Name, Barbara OKasier
	Mother's Birthplace, Germany
3.	Full Name of Father, Jeorge Schmit
).	Father's Occupation, Machienies
).	Father's Birthplace,
	Name of Medical Attendant, or other person who
	Address, 409 Band beat
	Remarks,



RETURN OF A BIRTH 100027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Vo. of Child of Mother, (state whether 1st, 2d, 3d	d, &c.)
Vo. of Chill of Motion, (asset	Male
To Sex, (State whether male or female).	White
2. Rape or color, (if not of the white race)	Jany 220001891
Date of Birth,	1345- N. Mound St.
Place of Birth, (Street and Number)	Whilla Va DE Brange
5. Full Name of Mother,	Williamson
6. Molfer's Maiden Name,	- Viscourace
7. Mother's Birthplace,	A M F. 22 many
8. Full Name of Father,	B. TORR.
9. Father's Occupation,	Maryland
10. Father's Birthplace,	TRELEE
Name of Medical Attendant, or other person who	- Haw with
Address,	
Remarks,	



RETURN OF A BIRTH & LOOO28 Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male Race or Color, (if not of the white race)... 208 1. Patter Pak am Art lace of Birth, (Street and Number) mary E. Bacon May E. Compton Baltimon Ce you GEO. C. Bacon Ballomon fourly Name of Medical Attendant, or other person who 2000 G. Ball. VI. Hateral Melivery

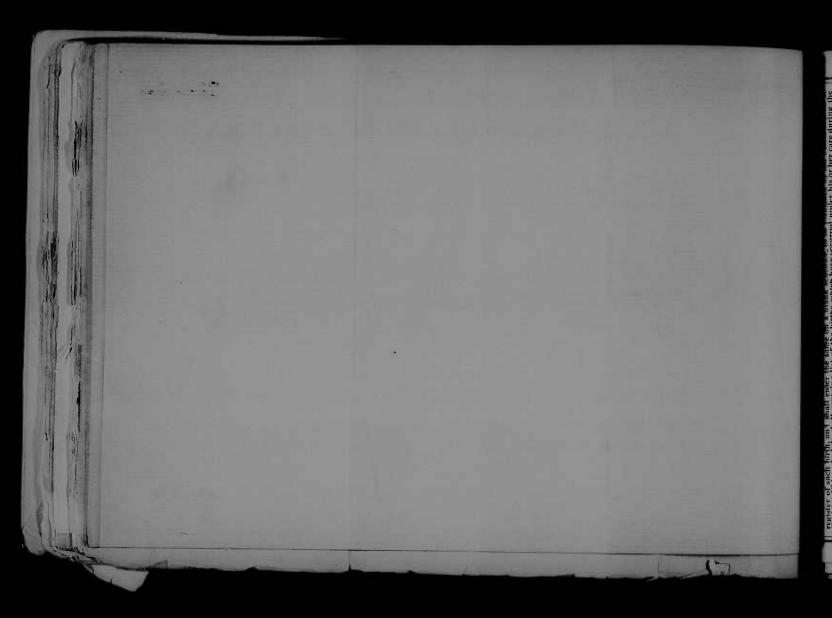


RETURN OF A BIRTH L00029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.) & Child
N	Sex, (state whether male or female) Mos Co
1/2	Rose of Polor, (if not of the white race) Il hite
NE SE	Date fruitirth, 26 Jan 1891
HE A	Place Birth, (Street and Number) 247 Dallas Seel
E 5.	Full Some of Mother, Moory Broket
46.	Men s Maiden Name, Mary Orold
200	Mother's Birthplace, Ballinore
	Full Name of Father, Linow Bichet
	Father's Occupation, Vannisher
10.	Father's Birthplace, Germany
	Name of Medical Attendant, or other person who Mora Schance and a law
	Address,
	Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATION

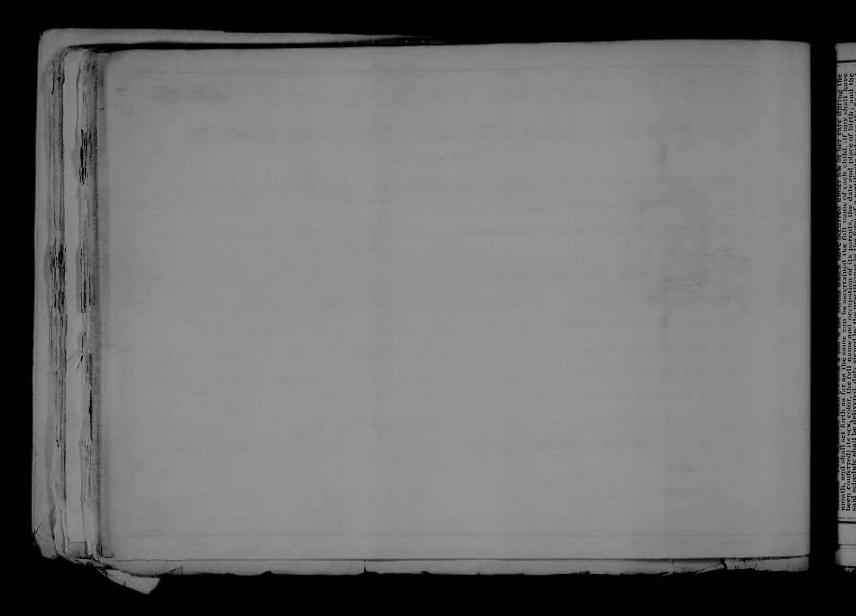


RETURN OF A BIRTH LO0030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Chita of Mother, (sta			
1. See state Wether male of	r female)	C.f.C	n.
	the white race)		
3. 2457 918	//a	u 2-9	4/3-6/
4. Street an	nd Number)	Of Nort	to sterce
5. Full Note of Mother,	Heure	Ita X) Carolle
6. Mother's Maiden Name,			01081
7. Mother's Birthplace,		1 Cas	U.Q.
8. Full Name of Father,	l'auce	y Ofrice	Les Com
9. Father's Occupation.		Gler	100
10. Father's Birthplace,		1 Bald	20
Name of Medical Attend	dant, or other person who makes this Return.	12	Mache
Address,			
Remarks,			

MM. J.C. DULANY & OO , CITY PRINTERS AND STATIONERS.



RETURN (OF	A	BIRTH	LD0031
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Dale of Birth, Lanuary 3/ St 9/
4. Place of Birth, (Street and Number) ///0 Totapacu At
5. Full Name of Mother, and E Smith
6. Mother's Maiden Name, Stan 2000
7. Mother's Birthplace, Balto
8. Full Name of Father, LEV ly Amit
9. Father's Occupation, Stevedore
1). Father's Birthplace, Varnouth Nova Des
Name of Medical Attendant, or other person who Meas Of Liersen and
Address, 1225 Have stacet.
Remarks,

WM. J. G. DULANY & CO., CITY PRINTERS AND STATION



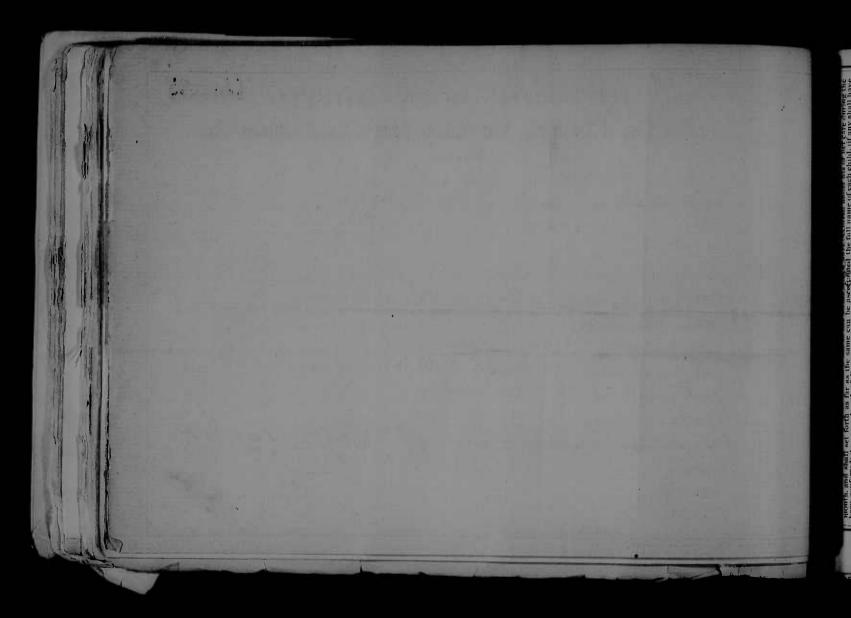
RETURN OF A BIRTH

\$ L00032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

par par on year	To the omes of Registral of Fital Statistics, Deald of Moditil Daitimore Oily.
section	
cate the mass the population of this control	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
In classification of the points of the point	1. Sex, (state whether male or female) female
of a calth. fery, outly, orisic fines	2. Race or Color, (if not of the phite race) Colo
dwift dwift dwift and w ther	
f mi f mi me the er au h the	3. Date of Birth, Jan 3/2 1891
ission oner o becor mann y with	4. Place of Birth, (Street and Number) Nighland Park
Countractition Countractitiin the countractic	5 Full Name of Mother, Mana Roleman
he practice of the nor puffer in ealth. fail to be.	6. Mother's Maiden Name, Williams
d by the confice theres to the confice to the conficulty of the co	7. Mother's Birthplace, Virginia
' signe to the of a ph lately issione 11 her	8. Full Name of Father, Philip Rolemen
d. duty outh outh innied commission ho sha	9. Father's Occupation, Grandmer
iverery in the	10. Father's Birthplace, Virginia
c del d eve lhe a mot th to berso en (10	7114/1 201
all b out 1 out 1 the s bir	Name of Medical Attendant, or other person who makes this Return.
cacl with upon ort it rson	Address, 1800 W. Talle J.
hedu ay of ccur nnce ch pe	Remarks,
d scind of the conds of the con	
Jec Stranger	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

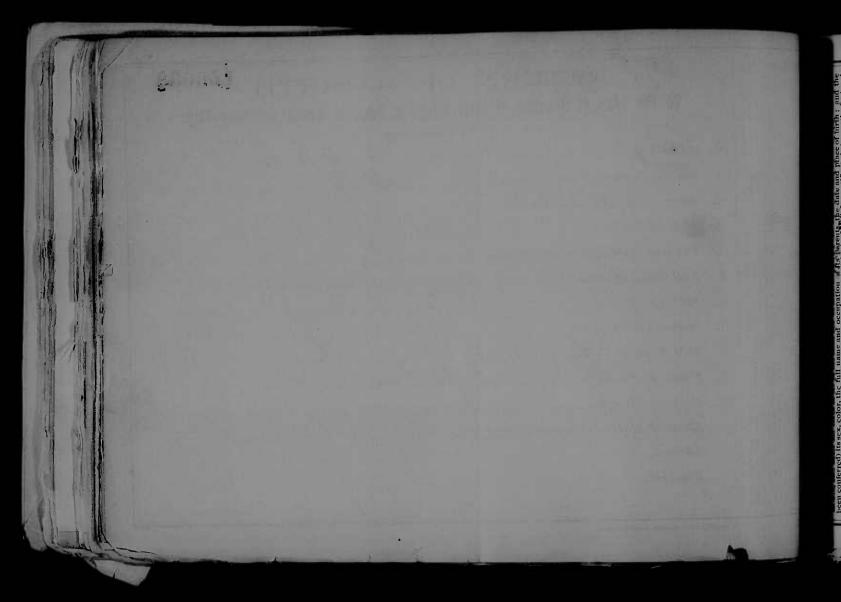


RETURN OF A BIRTH. L00033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

id phase the onld onld ferious ferios orfeid	No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
or she in city of the price of	1.	Sex, (state whether male or female) Make
Cuthe differs	2.	Race or Color, (if not of the white race)
100 PE 8	3.	Date of Birth, Chaftel st 912
ssione ssione comer become finanti ply wi	4.	Place of Birth, (Street and Number) 3
Strain in the control of the control	5.	Full Name of Mother, Kuna Oalman
occur he pra f the o um or uffer it fail to		Mother's Maiden Name, Sung Ording
e and sd by t office o hysici there: er of E reafter		Mother's Birthplace, Germany
III man y signo of a p of a p lintely ission all her		Full Name of Father, Jeoreg Osamann
the furch the furce of the furc		Father's Occupation, Salore
color, eliver very n very n atten other, to the soms v	10.	Father's Birthplace, Germany
the mand of the most the mand of the most the mo		Name of Medical Attendant, or other person who Mrs Schumany
mesha of each with upon port it		Address,
schedl day o occur dimce to re such j		Remarks,
Shirt Shirt Shirt Shirt Shirt Child Sury Jecte		

WIR J. O OULANY CO CITY PRINTERS AND STATISMENS.



RETURN OF A BIRTHA LOOO34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. Race or Color,	(if not of the white race)		<u>.</u>	***************************************
		Jan	30h	
4. Place of Birth,	, (Street and Number)		mount a	
5. Full Name of 1	Mother,	Mary 1:	rentel	
6. Mother's Maide	en Name,	ul A	famm	•••••
7. Mother's Birth	place,	Ger	many	
8. Full Name of 1	Father,	John !	Bretter	
9. Father's Occup	pation, Eacket Ab	aker Ima	entaken	
10. Father's Birth	place,	Ge	many	
Name of Medi	cal Attendant, or other person who makes this Return	Mrs	Julia &	noor
Address,			940 11 4	day a
Remarks	••••••••••••			

WM. J.C. DULANY & OG , CITY PRINTERS AND STATIONE

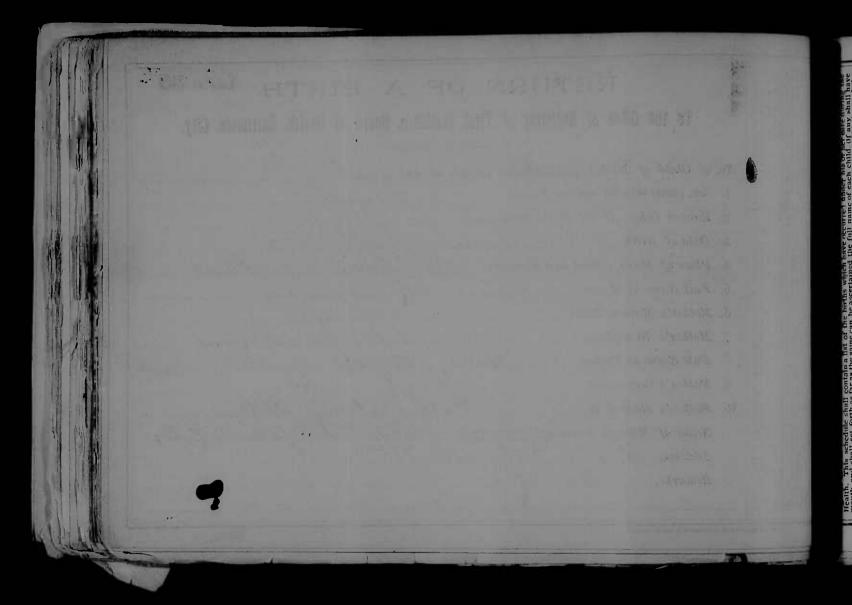
mode out in due time, but i called it was laide a side of which was not descovered unto this morning, this my same for making a report in proportion have the him dones received will have the him dones received the Lafayette of fill tapont

RETURN OF A BIRTH. L00035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) female
	Race or Color, (if not of the white race)
3.	Date of Birth, January 14th 1892
	Place of Birth, (Street and Number) 18/14 Lovement Street
5.	Full Name of Mother, Alice of M. Brisie
6.	Mother's Maiden Name, " Swift
7.	Mother's Birthplace, Sorthworthilin Co Virginia
8.	Full Name of Father, Lewis Bossie
9.	Father's Occupation, Coal dealer
10.	Father's Birthplace, Mushington D.C.
	Name of Medical Attendant, or other person who Gen Wantson II. D.
	Address, Vest Safayette at
	Remarks, Lesulas

#M.J. O. DULANY & GO , CITY PRINTERS AND STATIONERS.



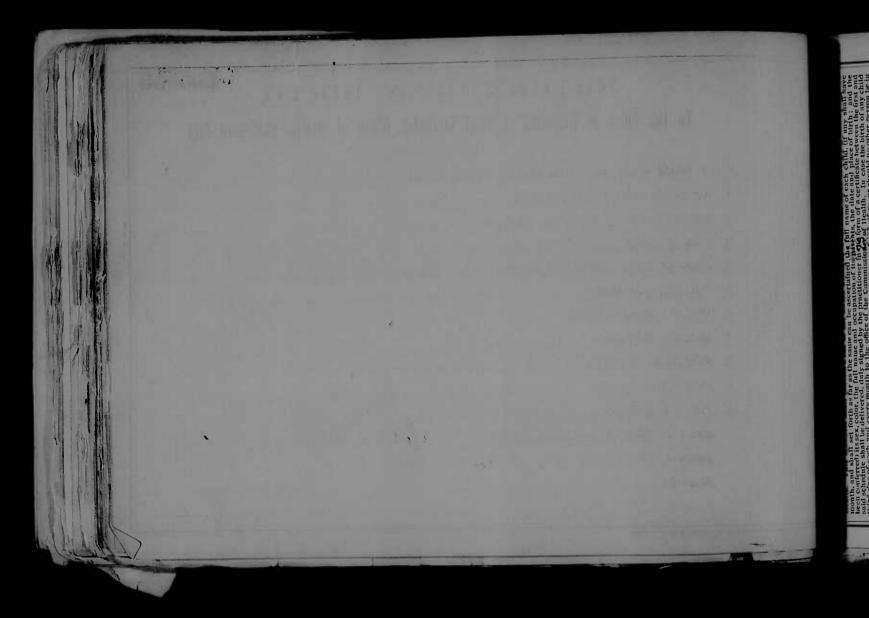
RETURN OF A BIRTH.

L00036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2a, 3a, &c.).	•
81	Sex, (state whether male or female) fermile	
2.	Race or Color, (if not of the white race) Colors	
3.	Date of Birth, 2 4 of Language	******
	Place of Birth, (Street and Number) 221 Carrely Alley	
5.	Full Name of Mother, Hadie Anderson	•••••
6.	Mother's Maiden Name,	
7.	Mother's Birthplace, Vorgina	
8.	Full Name of Father, Toutit- White	
	Father's Occupation, Leaforing	
10.	Father's Birthplace, Philadelphia	
	Name of Medical Attendant, or other person who Lle Exter Toolance.	
	Address, 509 Prestono Heek-	
	Remarks,	

#M.J.C DULANY & OO , CITY PRINTERS AND STATIONER



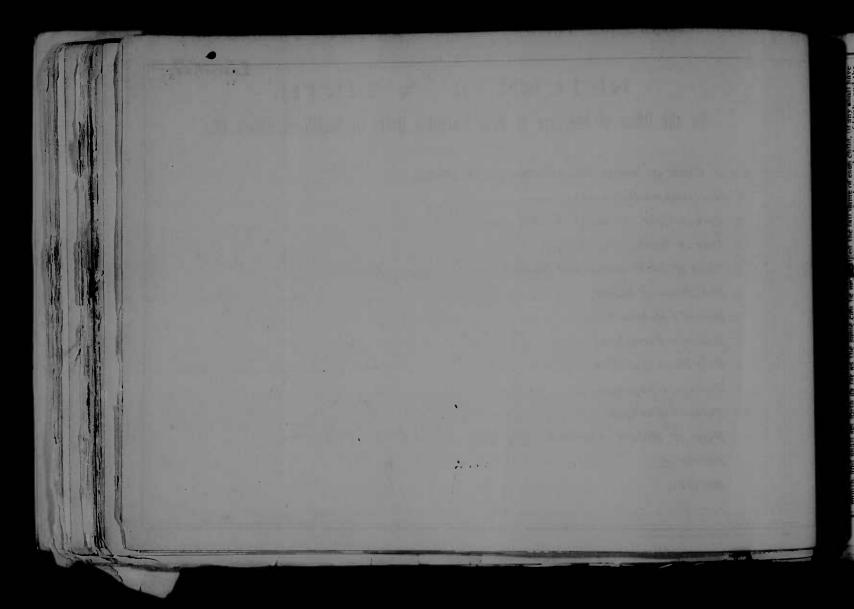
RETURN OF A BIRTH.

100037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. q	of United of Mother, (state whether 18t, 20, 3d, act.)
1. 8	Sex, (state whether male or female) 127112 (
	Race or Color, (if not of the white race) of the Color
3.	Date of Birth, 17 of January
4	Place of Birth, (Street and Number) 2 15 Monfferson Me
5.	Full Name of Mother, Africe Sale
6.	Mother's Maiden Name, _ Wordfork
7.	Mother's Birthplace, Toparles will of Ya
8.	Full Name of Father, Ginna & Dale
9.	Father's Occupation, My les
10	Mathewa Dinthologo Dil Consuly 12.
	Name of Medical Attendant, or other person who he le les Cofance
	Address, 559 Prestin Street
	Remarks,

M. J. C. DULANY & CO , CITY PRINTERS AND STATIONERS

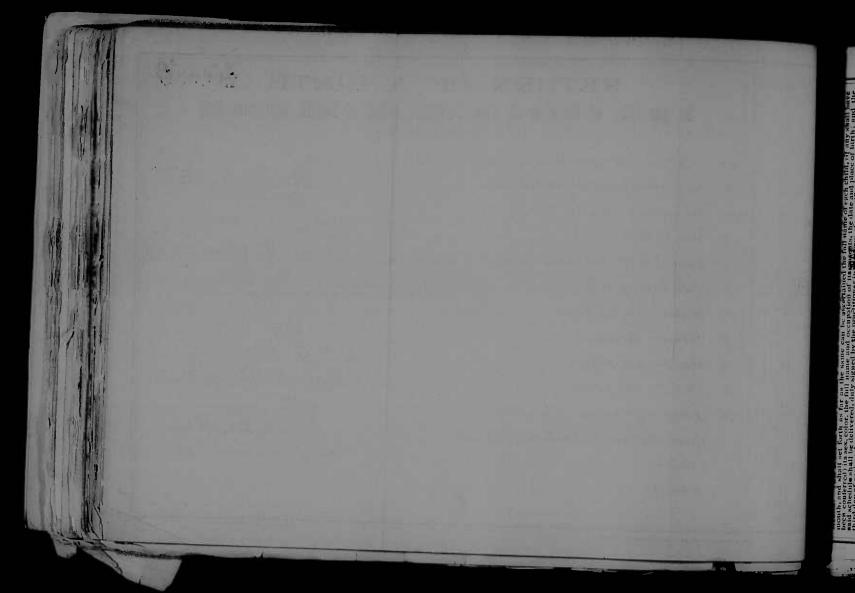


RETURN OF A BIRTH. ALDOGS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. 2. 3. 4. 5. 6.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sex, (state whether male or female) Race or Color, (if not of the white race) Date of Birth, Place of Birth, (Street and Number) Full Name of Mother, Mother's Maiden Name, Mother's Birthplace, Full Name of Father, Father's Occupation, Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address,	Male White Jain 21st 1892 4 706 A. Maunt S. Barah B. Mauring Hornton
	Remarks,	

WM. J. O. BULANY CO. CITY PRINTERS AND STATION

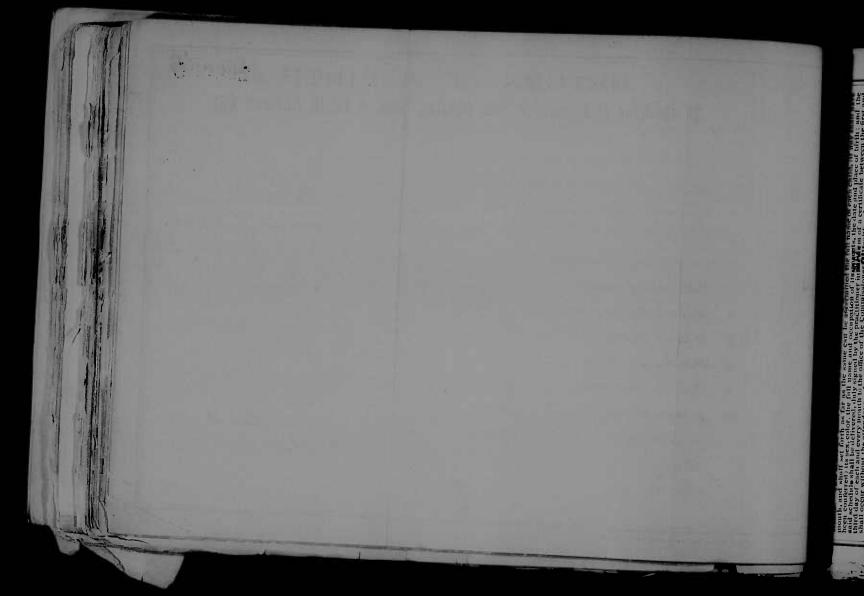


RETURN OF A BIRTH. LODGE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

•	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2.	Sex, (state whether male or female) Race or Color, (if not of the white race) Yhite,
3.	Date of Birth, 10/45 W Fry all
4.	Place of Birth, (Street and Number)
5.	Full Name of Mother, Wurden Calentant
6.	Mother's Maiden Name, Sticklichter
7.	Mother's Birthplace, Ceruccia
0.	L'aut Hame of Fainer, Skeodere + Scales Course
9.	rather's Occupation,
10.	Father's Birthplace, Ballenerore Cocty,
	Name of Medical Attendant, or other person who Julia & Person glow Mills
	Address, 1716 Lucden Che
	Remarks,
wji	

Wm J C. Delany Co., City Printers and Stationers.

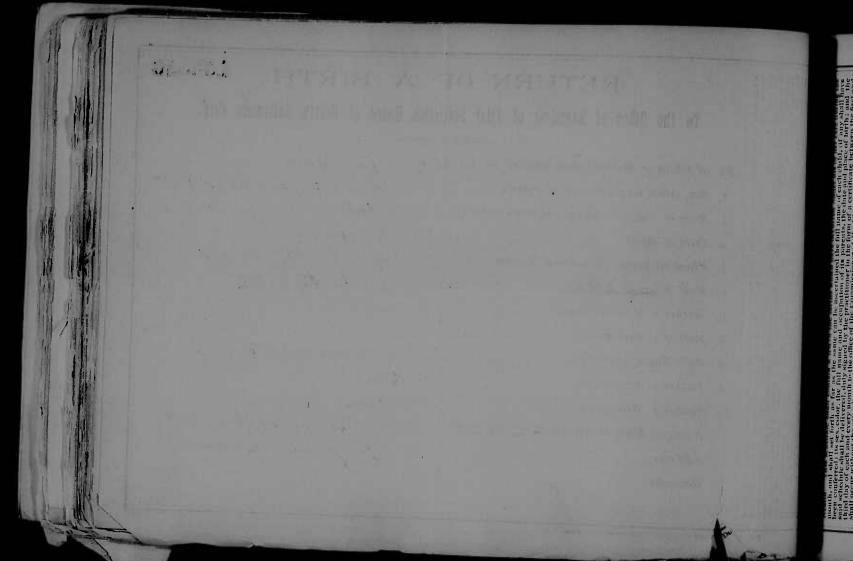


RETURN OF A BIRTH. LOGOS9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
10/1.3 11 4-
4. Place of Birth, (Street and Number)
The state of the s
1. Mother's Birthplace,
(
10. 2 witter & Birtinplace,
makes this Return
Address, 17/6 Linden Cha
Remarks,

Wm J C. Delany Co., City Printers and Stationers.



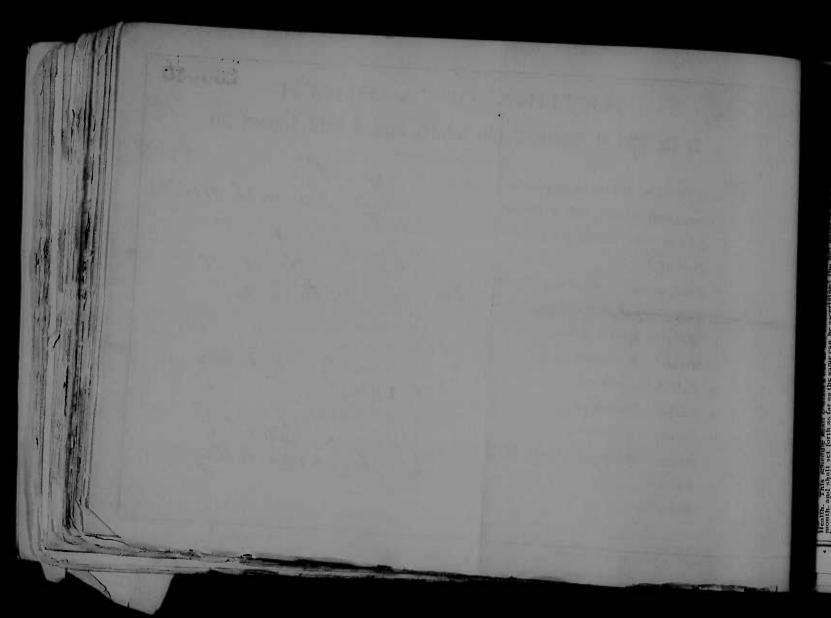
RETURN OF A BIRTH

L00040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

11
of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Sex, (state whether male or female) male Samuel Mill
Race or Color, (if not of the white race) White
Date of Birth, 10 fanuary
Place of Birth, (Street and Number)
Full Name of Mother, Grune Millos.
Mother's Maiden Name,
Tother's Birthplace, Rugaria
full Name of Father, Harish Willes
ather's Occupation, Tailor
ather's Birthplace, Tame of Medical Attendant, or other person who makes this Return, Jime Sarber
ddress, — G G G G G G G G G G G G G G G G G G
emarks, 5. Telpords alloy

 \mathbf{w}_{m-J} C. Duiany Co., City Printers and Stationers.

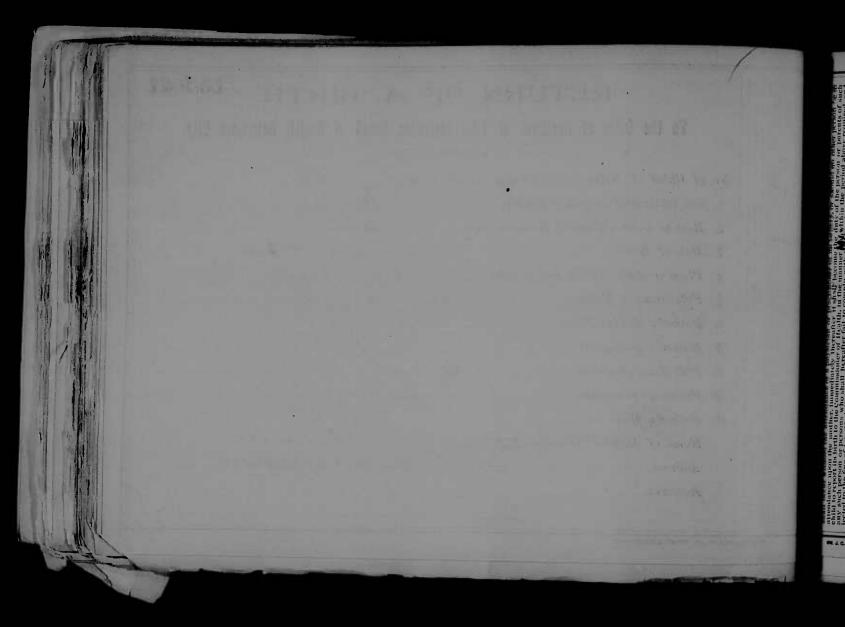


RETURN OF A BIRTH. L00041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

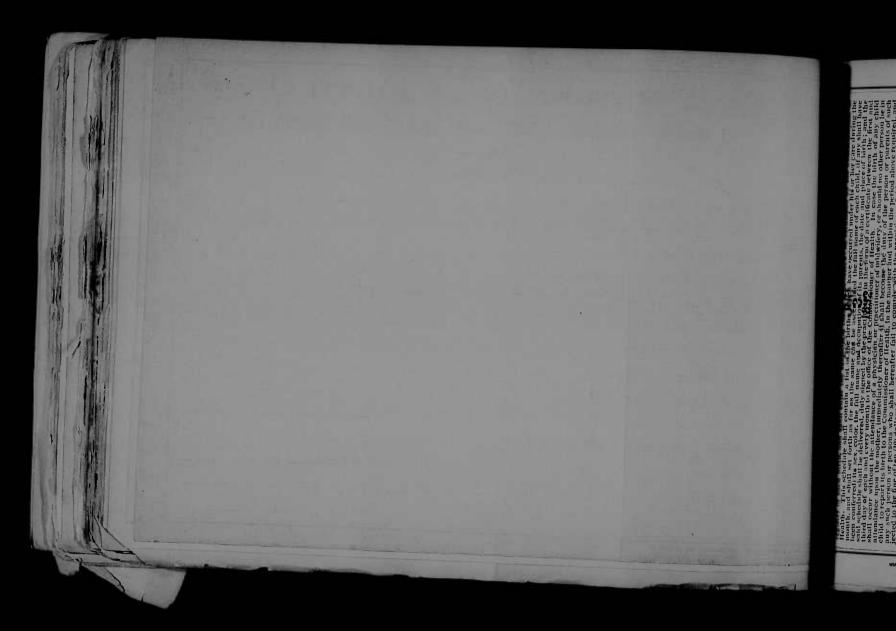
1.	Sex, (state whether male or female) Temal
	Race or Color, (if not of the white race)
3.	Date of Birth, Lanuary 10 th. 1899_
	Place of Birth, (Street and Number) 5611/271 Gay DX.
5.	Full Name of Mother, Barton B. Me Graw
6.	Mother's Maiden Name, Barba Gunther
7 .	Mother's Birthplace, Balleyen
Q	Full Name of Tast
9.	Father's Occupation, Saler in House Jumberg ges Father's Birthplace
.0.	Father's Birthplace, Back - 711cl
	Name of Medical Attendant, or other person who Wilmer Bornlin . 7111 5
	Address, S. U. Cor le alvert + Preston Pla
	Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH L00042

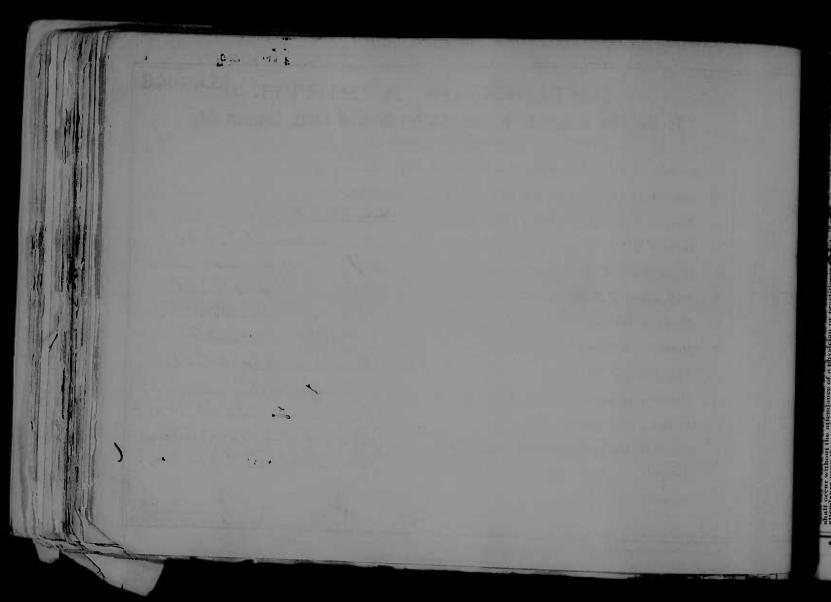
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 hack	-)
1. Sex, (state whether male or female)	
2. Race or Color, (if not of the white race) Conto	•••••••••
3. Date of Birth, January 23 16. 17	70
4. Place of Birth, (Street and Number) 9.45 Chaphle t	7-0-6
5. Will Name of Mother, Cosa Funcit	
6. Mother's Maiden Name,	
7. Mother's Birthplace, Vergina Berrye 76 Fairest	
8. Full Name of Father,	-
9. Father's Occupation, Steve of	
10. Father's Birthplace, It man Co	
Name of Medical Attendant, or other person who Ann Lance	
Remarks, 915-Durham st.	•••••••
ALANY & CO., CITY PRINTERS AND STATIONERS	



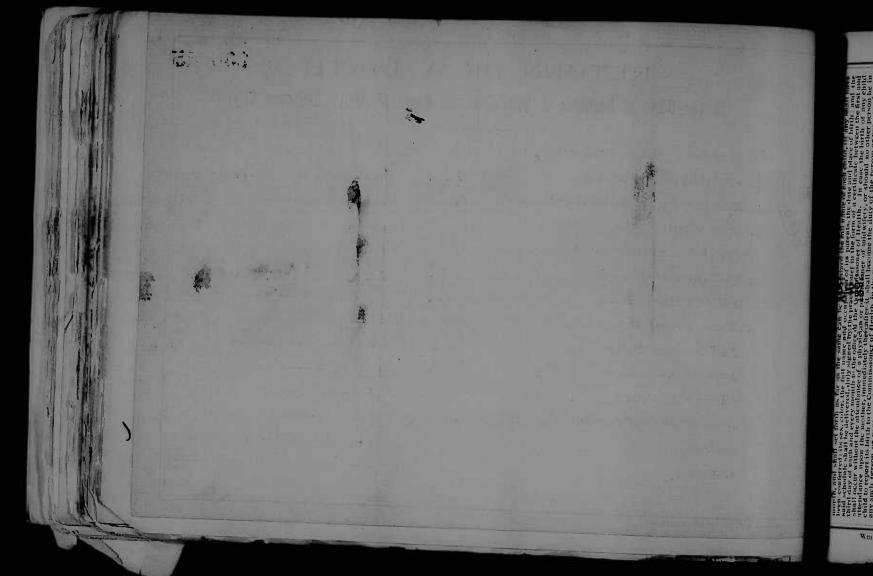
RETURN OF A BIRTH. ALOGO 43

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex, (state whether male or female)	mali
2.		
3.	Date of Birth,	214 100
4.	Place of Birth, (Street and Number)	1017 6 141
5.	Full Name of Mother,	Corrie marchall
6.	Mother's Maiden Name,	Weilert-
7.	Mother's Birthplace,	Bells
8.	Full Name of Father,	Coming On al 10
9.	Father's Occupation,	Clother Cullin
^	7747 1 79.1	
	Name of Medical Attendant, or other person who	D. B. B. W.
	Name of Medical Attendant, or other person who makes this Return, Address,	1306 P. D. 1-
	Remarks,	U. J. (TIDLY V)



	LOODEA
RETURN OF A BI	RTH /
To the Office of Registron of Vital Statistics Dear	(906
To the Office of Registrar of Vital Statistics, Board of	Health, Baltimore CRyl
No of Child of Wother count 2 2	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4	
1. Sex, (state whether male or female) male	
2. Race or Color, (if not of the white race) White	
3. Date of Birth, January 21 st 18	84
4. Place of Birth, (Street and Number) 118 Glling	81
5. Full Name of Mother, Colesabeth &. 190	11
6. Mother's Maiden Name, "	4h'
7. Mother's Birthplace, Boltomore	ms
8. Full Name of Father, Ondrew Holl	
9. Father's Occupation, Stair Bullu	
10. Father's Birthplace, Ballennae	
Name of Medical Attendant, or other person who	ha Mora kas
Address, Anueborry ongothe	
Remarks.	
MY & OO., CITY PRINTERS AND STATIONERS	



RETURN OF A BIRTH. 100045

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st,	2d, 3d, &c.) 1
1. Sex, (state whether male or female)	White land on C - 0+
2. Race or Color, (if not of the white race).	Abbito Townsienber
3. Date of Birth,	
4. Place of Birth, (Street and Number)	H formary 92 D 7948 Charles St Bal
5. Full Name of Mother,	Rachel Stienberg
6. Mother's Maiden Name,	hachel-becker
7. Mother's Birthplace,	Russia.
8. Full Name of Father,	forall stienberg
9. Father's Occupation,	Ligar maker
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who	him bolo
Address,	"huma o Barber
Remarks,	o japorus alley

Wm J C. Dulany Co., City Printers and Stationers.

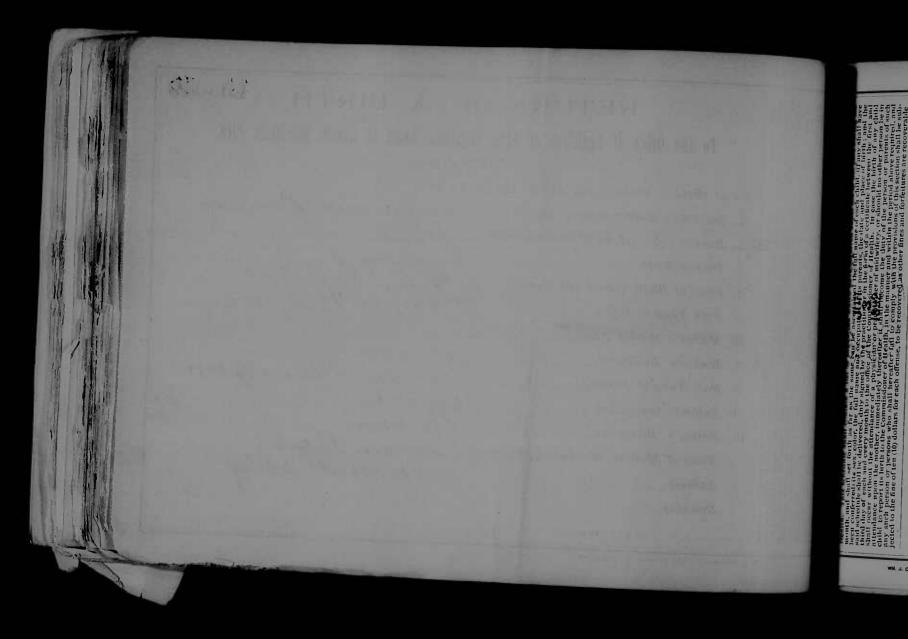
B. Canil

RETURN OF A BIRTH.

1	Sex, (state whether male or female) Mule . Herman of brahamson. Race or Color. (if not of the white race) Oh. T.
3.	Date of Birth, J. Jamuary 99. 1064 Hanover street ball
4.	
	Hull Name of Mother, Journal of Crahamson
6.	Mother's Maiden Name, Jamil Choen
	Mother's Birthplace, Russia
	Toron a milen
	Pathone Bill
	Name of Medical Attendant, or other person who makes this Return,
	Address, Makes this Return, Orange 15 called.
	Remarks, CN 5. Tilzords alley

RETURN OF A BIRTH. A LODO49

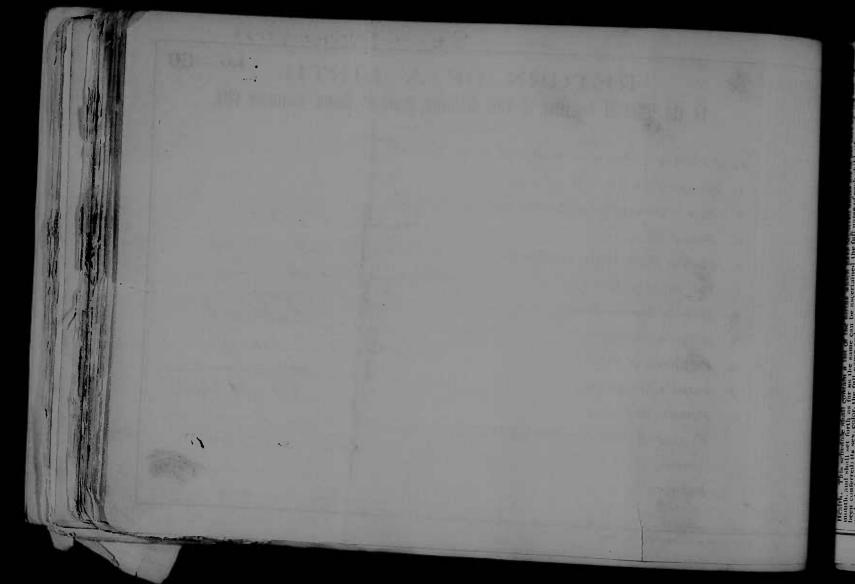
of Child of Mother, (state whether 1st, 2d, 3d, &c.)
Sex, (state whether male or female)
Race or Color, (if not of the white race) athite
Date of Birth,
Place of Birth, (Street and Number)
Full Name of Mother, Domie Booluson.
Mother's Maiden Name,
Mother's Birthplace, Pussia
Full Name of Father, Berrice Wooffson Clearete.
Father's Birthplace, Bussia
Name of Medical Attendant, or other person who Juma Barkes
Remarks, 5 Diffords alleg
7 1 1 1 1 1 1



RETURN OF A BIRTH. LOOSO

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

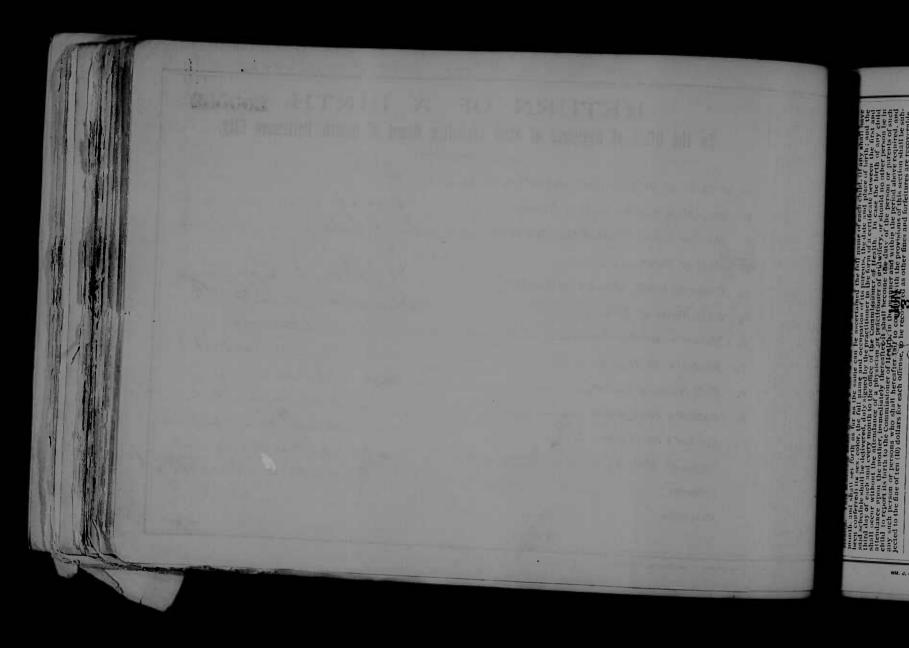
110	. of Child of Moiner, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female).
2.	
3.	Date of Birth, 28 1 1001
4.	Place of Birth, (Street and Number) 449 6 76
5.	Full Name of Mother, Ollie 16 oraff
6.	Mother's Maiden Name, Percego,
7.	Mother's Birthplace,
8.	Full Name of Father, Edward & Toward
9.	Father's Occupation, paper hange
10.	Father's Birthplace, 3 Balt m
	Name of Medical Attendant, or other person who M. Billing Lu
	Address, /206 E. Porson
	Remarks,
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RETURN OF A BIRTH. 20052 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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a place between the person person ceriod a funis so orfeitu	No	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
certific In ca of the of the bittle p	×1.	Sex, (state whether male or female)
is, the crim of a Health. dwifery e duty id with ite provide her fine	2.	Race or Color, (if not of the white race).
of mine for the first the	3.	Date of Birth, Jan 3/21 1892
ner in nission tioner I become uply w	4.	Place of Birth, (Street and Number) /708 Point Son
pration Comm Practition Practition it shall to com be rece	5.	Full Name of Mother, Clice Vace
l occurrent of the property of		Mother's Maiden Name, Brown
physic physic there icr of reafte	7.	Mother's Birthplace,
to the cot a chirtely mission hall he cot a	8.	Full Name of Father, Gagene Vace Father's Occupation, (3-15-6)
month milanc i imme e Com who s	9.	Father's Occupation, 3 la Sala
he attender he to the	10.	
hour the its birt		Name of Medical Attendant, or other person who have this Return, S. B. B. B. B. Long Lea
eport person		Address, 1206 6. Pono lon St-
d to r		Remarks,
Sector Sector		
WM, d,	C. BULANY	O CITY PRINTERS AND STATIONERS.

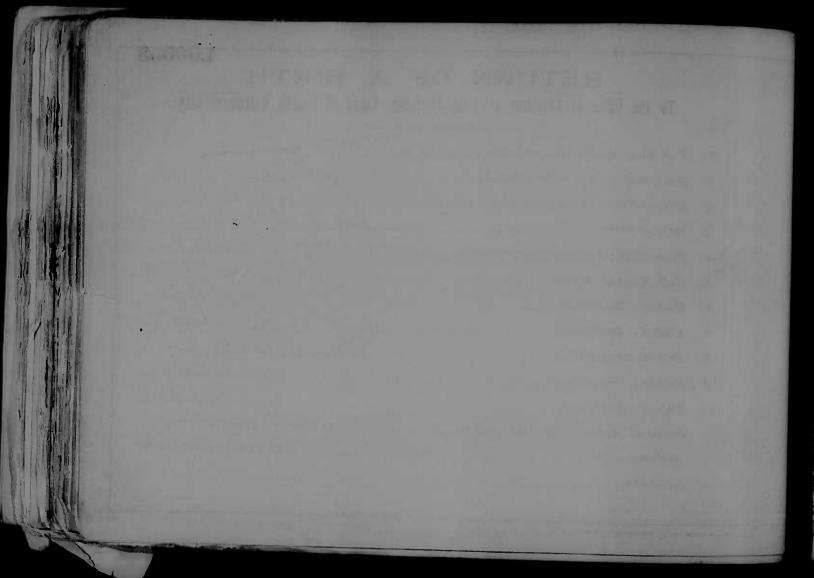


LOWOUS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NO.	No. of Unita of Mother, (state whether 1st, 2d, 3d, &c.)	JUT 2
1.	1. Sex, (state whether male or female)	Pemale
	2. Race or Color, (if not of the white race)	while
3.	3. Date of Birth,	Jan 7 ch 1892
4.	4. Place of Birth, (Street and Number)	12/9 N Entral an
5.	5. Full Name of Mother,	Calturine Hughes
6.	Mother's Maiden Name,	Ber
7	Mother's Dinthal	
8.	3. Full Name of Father,	mil.of H
9.	. Father's Occupation,	uphalation
v.	. Fainer's Righthalass	
	Name of Medical Attendant, or other person who Address,	B Billing els
	Address,	1206 E. Parlin
	Remarks,	V. 5100 2



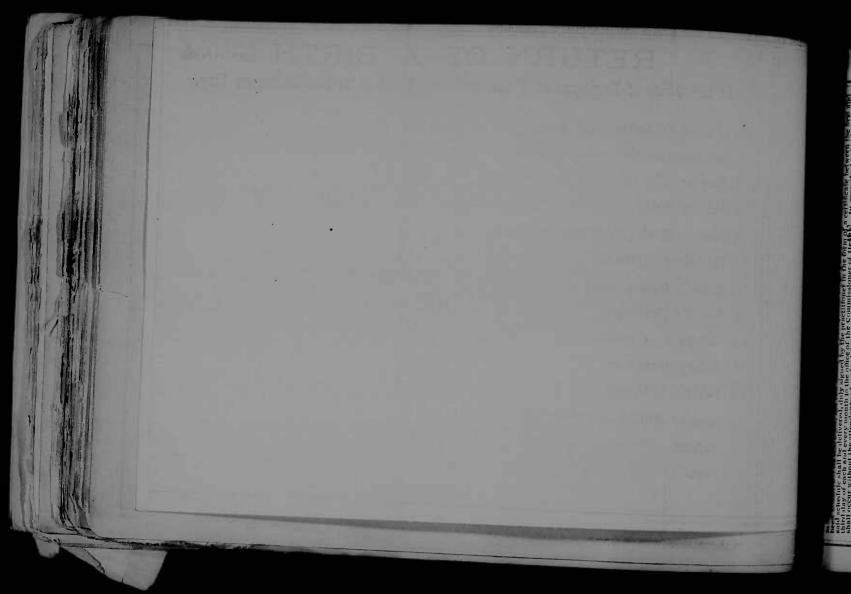
RETURN OF A BIRTH 1,00054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

N	o. of Child of Mother, (state whether 1st. 2d, 3d, &c.) Suth
1	. Sex (state whether male or female), Male
	Race or Color (if not of the white race), Actorbal
3	. Date of Birth, form on 15 th fan. 93.
	Place of Birth (Street and Number), 525 Sanvale. It
5	. Full Name of Mother, Cla Buch Coy
6.	Mother's Maiden Name, Ella Grad.
7.	Mother's Birthplace, Ballinger
8.	Full Name of Father, Charles Bushley
	Father's Occupation, Marter
10.	Father's Birthplace, Charton
	Name of Medical Attendant, or other person who Elew Mene
	Address, 1234 Othing ste
	Remarks,

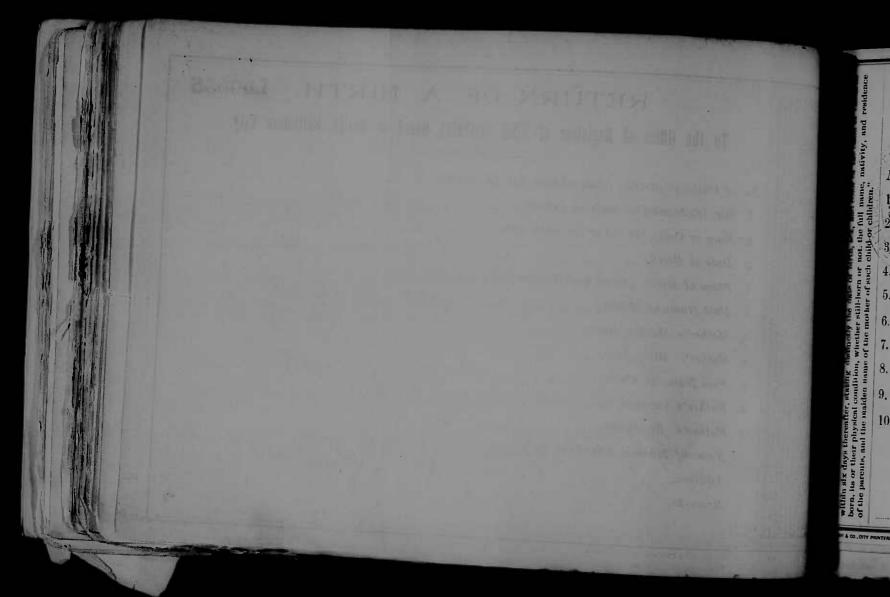
Baltimore Publishing Co., City Printers and Statione

Wm J C. Dulany Co., City Printers and Stationers.



RETURN OF A BIRTH. LO0055

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Amuray 1972
4. Place of Birth, (Street and Number) 38 Barrier
5. Full Name of Mother, Aanh Be charaft
6. Mother's Maiden Name, Jana Die Cuurty
7. Mother's Birthplace, Lew Jersey
8. Full Name of Father, Large Bearge Beargt
9. Father's Occupation,
10. Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return,
Address, # 1828 Gualt St
Remarks,



RETURN OF A BIRTH LOGOSE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sec. (state whether male or female) resale

2. Race or Color, (if not of the white race) B. Date of Birth, January 14, 1892

4. Place of Birth, (Street and Number) 1124 asygle ave
5. Full Name of Mother, Les A. E. Lee Brugh

6. Mother's Maiden Name.

7. Mother's Birthplace,

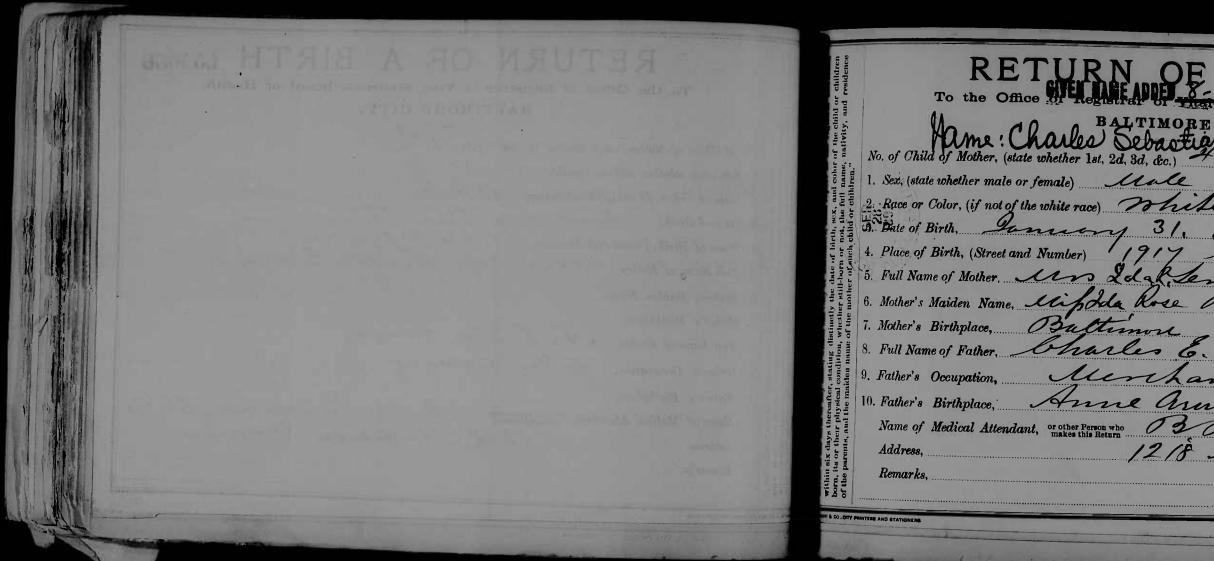
8. Full Name of Father. A. E. Me Gough

9. Father's Occupation, Letter - Carrier

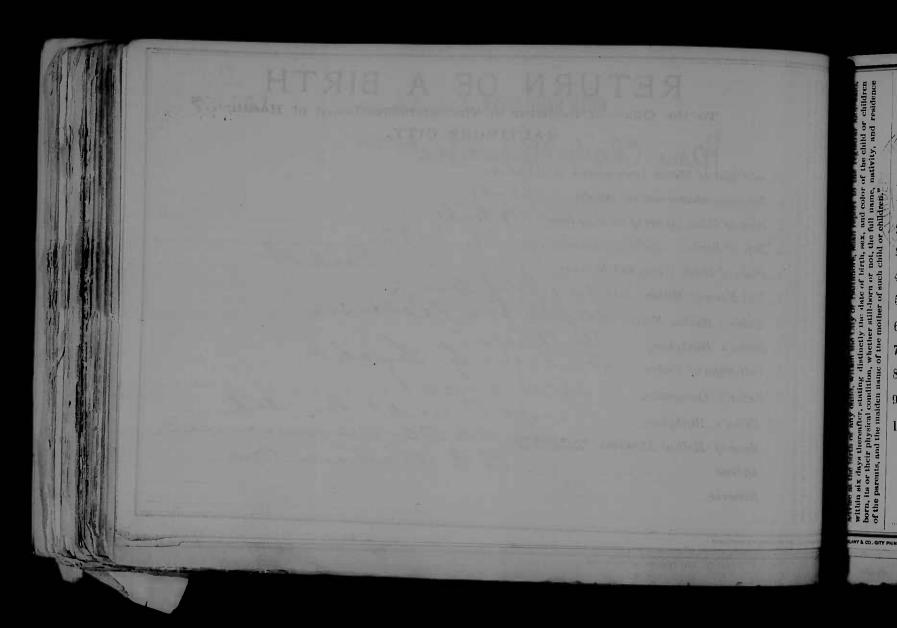
10. Father's Birthplace,

Name of Medical Attendant, or other Person who B. B. Brown & & . 13. 1218 Madiera as

Remarks.



or children	RETURN OF A BIRTH To the Office of Registration of Harmon Of The Country of The C
or of the child e, nativity, ar "	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
sex, and cole, the full nam	1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race)
date of birth, l-born or not, er of such chil	5. Full Name of Mother. As Local Start Sta
stinet!	6. Mother's Maiden Name, lifde Rose Robinson 7. Mother's Birthplace, Bultimore
r, statin l condin	8. Full Name of Father, Charles & Lerch 9. Father's Occupation, Merchanh
t their physions of their and the	10. Father's Birthplace, Anne Of Medical Attendant, or other Person who BBB or owne Medical Attendant, or other Person who BBB or owne MB, Address, 12/8 Mashion and Address,
born, its of the par	Remarks,



RETURN OF A BIRTHA

To the Office of Registrar of Vital Statistics, Board of Health DOGS

BALTIMORE CITY.

No of Ohild of Mother (state substitute 1st 9.3.9.3. 8 220
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)
Sex, (state whether male or female) Formale
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 13. 1892
. Place of Birth, (Street and Number) Cor Typon It Lyson all
5. Full Name of Mother, Mr. Reading
3. Mother's Maiden Name,
. Mother's Birthplace,
Full Name of Father, M. D. Redding
. Father's Occupation, Keeping Restaurant,
0. Father's Birthplace,
Name of Medical Attendant, or other Person who BBBB sowne Medical Attendant, or other Person who
Address, 12 (8 Medison av
Remarks,

RETURN OF A BIRTH ALOGO 59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex, (state whether male or female)	- III ALS
	Race or Color, (if not of the white race).	
3.	Date of Birth, Fieb 15 1h 40	30ha 1876
4.	Place of Birth, (Street and Number) 5.10 B	was the Baldrane
5.	Full Name of Mother, Malila	36066
	Mother's Maiden Name, /afilala	
	11	
	Father's Occupation,	
	14	
	Name of Medical Attendant, or other person who	
	Address, las de	e Barre
	Remarks, 538 Bake	It Bakle Line

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st. 2d, 3d, &e.)

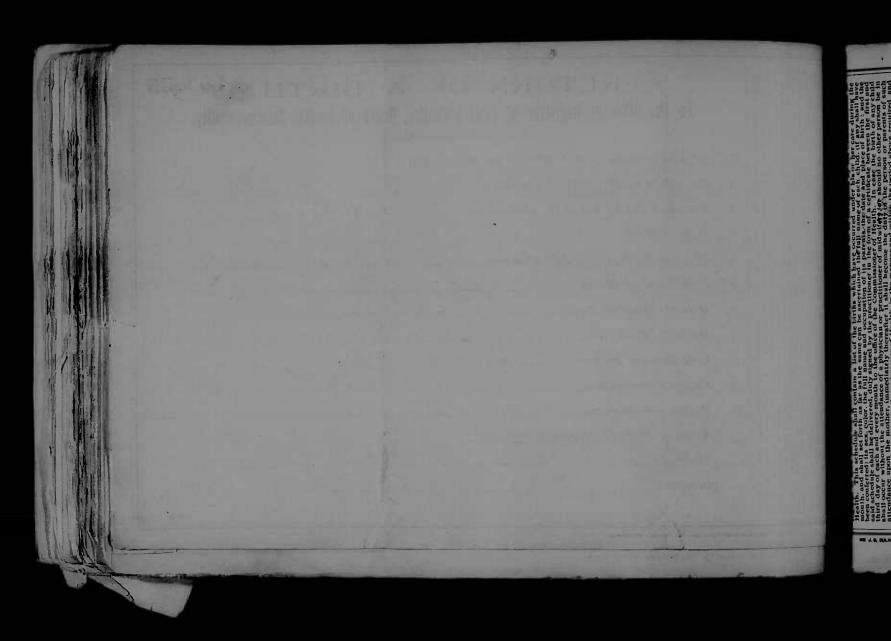
- 1. Sex, (state whether male or female)
- 2. Race or Color, (if not of the white race)
 - 3. Date of Birth,
- 4. Place of Birth, (Street and Number)
 - 5. Full Name of Mother.
 - 6. Mother's Maiden Name,
 - 7. Mother's Birthplace,
 - 8. Full Name of Father,
 - 9. Eather's Occupation,
 - 10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Address.

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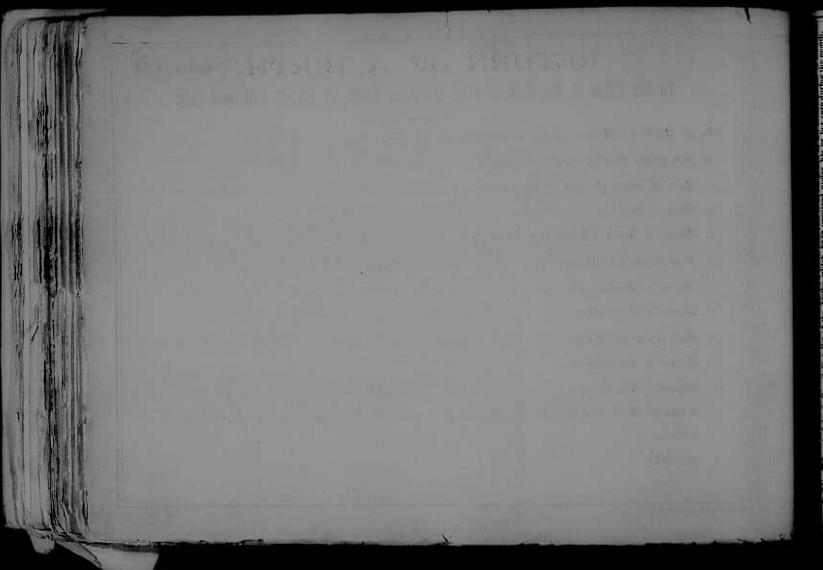
Remarks,

TA On CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH LUDGO

	of Child of Mother, (state whether 1st, 2a, 3a, &c.)
1.	Sex, (state whether male or female) fentale
0	Page or color (if not of the white race)
3.	Date of Birth, Fiel 19 4 18 92
4.	Place of Birth, (Street and Number) 929 Careter St
	Full Name of Mother, Familie E. Brown
6.	Mother's Maiden Name,
7.	Mother's Birthplace, Millet 65
8.	Full Name of Father, January Fr. Brown
9.	Father's Occupation,
10.	Father's Birthplace, Anne Unional Co. 2110
	Name of Medical Attendant, or other person who Mrs Hunnah Theut
	Address,
	Remarks,



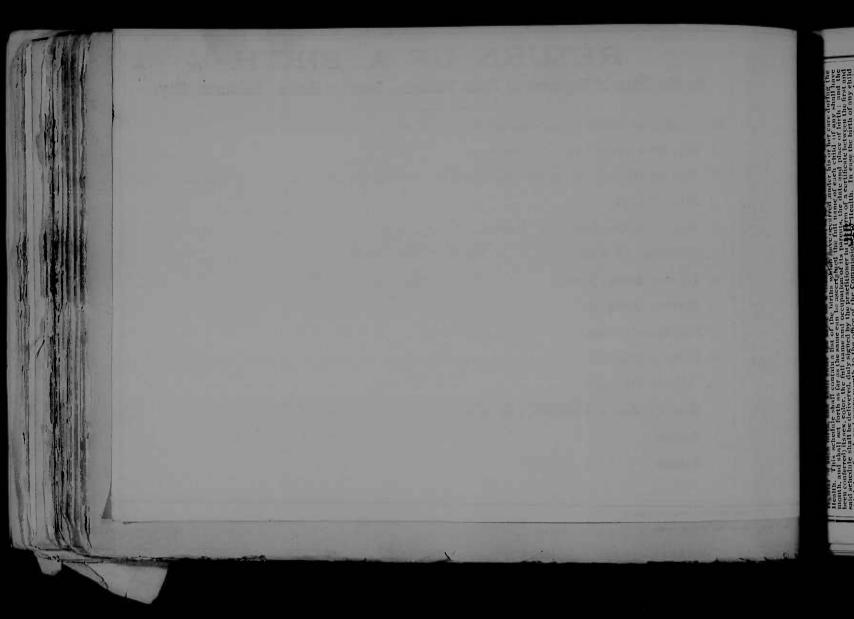
RETURN OF A BIRTH A00061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)
1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Baltimore 25. Fiel. 92
4. Place of Birth (Street and Number), 535 Land Cate
5. Full Name of Mother, Annu Releace Johnson
6. Mother's Maiden Name, Ann Rebecco Hancol
7. Mother's Birthplace, Ballinae
8. Full Name of Father, Hillian Johnson
9. Father's Occupation, Monte
10. Father's Birthplace, Caltinoil
Name of Medical Attendant, or other person who Clen Mont.
Address, /234 Ething atv.
Remarks,

Baltimore Publishing Co., City Printers and Stationers

WH. J. C DULANY & GO , CITY PRINTERS AND STATIONERS

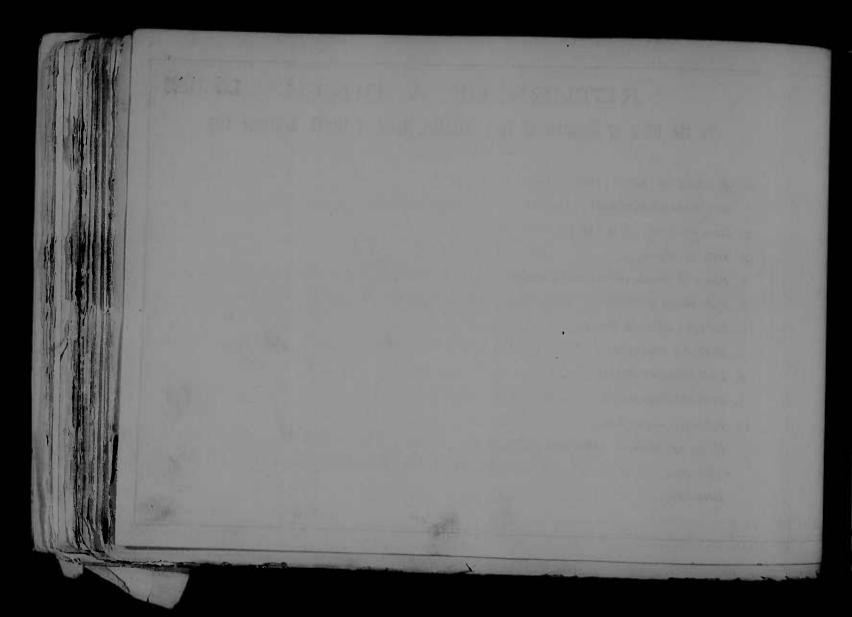


RETURN OF A BIRTH ALDEGO

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Himale
2. Race or Color, (if not of the white race)
3. Date of Birth, # Arwary 26 1892
4. Place of Birth, (Street and Number) 9 13 Marco alley
5. Full Name of Mother, Many Lizzie Rubbins
6. Mother's Maiden Name, 7. Mother's Birthplace.
8. Full Name of Father, Samuel James Hulbins
9. Father's Occupation, & ook
10. Father's Birthplace, Suilsbirry Mod,
Name of Medical Attendant, or other person who AGra Hester Cour Come
Address, 509 IV. Preston St. Balto. Ceilig NGd.
Remarks,

WM. J. C DULANY & GO , CITY PRINTERS AND STATIONERS.



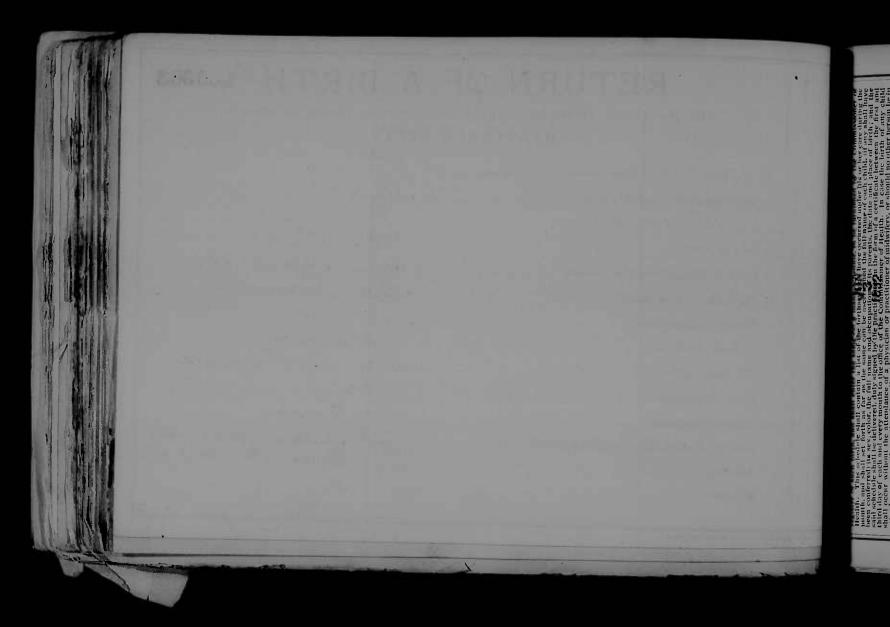
RETURN OF A BIRTH AL 30063

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

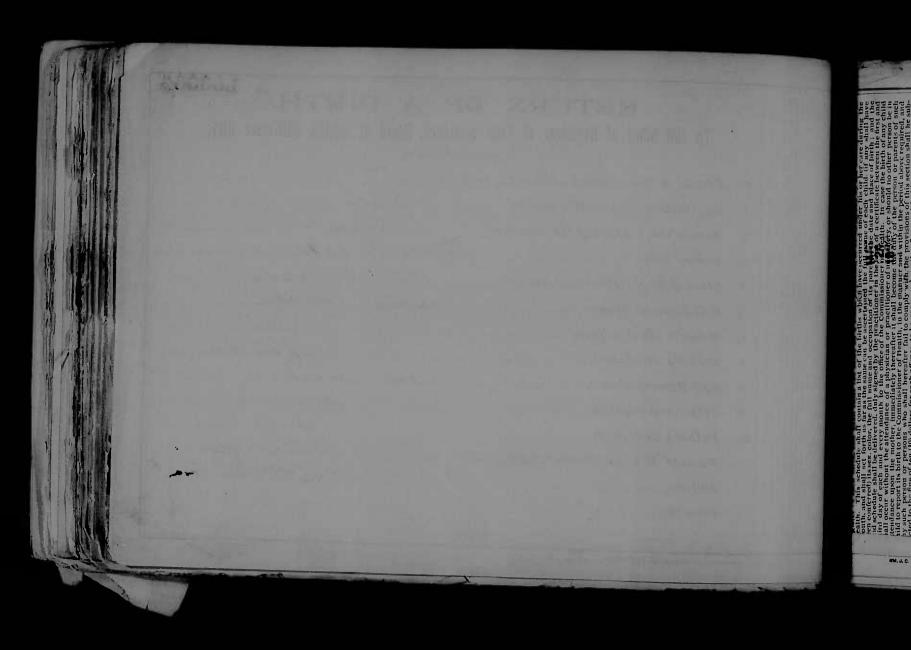
No. of Ch	ild of Mother, (state whether 1st, 2d, 3d, &c	
1. Sex, (ste	nte whether male or female)	Mul
5 2. Race or	Color, (if not of the white race)	11
3. Date of	Birth,	Jub. 19 1892.
4. Place q	f Birth, (Street and Number)	603 A. Band U.
5. Full A	ame of Mother,	Mary Sinsheimer
6. Mother	s Maiden Name,	Idmmer
7. Mother?	Birthplace,	Ballinor .
8. Full No	ume of Father.	Heary L. Sinskeiner
9. Father's	Occupation,	Clerk,
ខ្ញុំ 10. Father's	Birthplace,	Rultinor
Name of	f Medical Attendant, or other Person who	N.T. Reunolds I
Address		2004 St. Huch
eg Remark	8,	

WM. J. C. DULANY & CO., CITY PHINTERS AND STATIONES



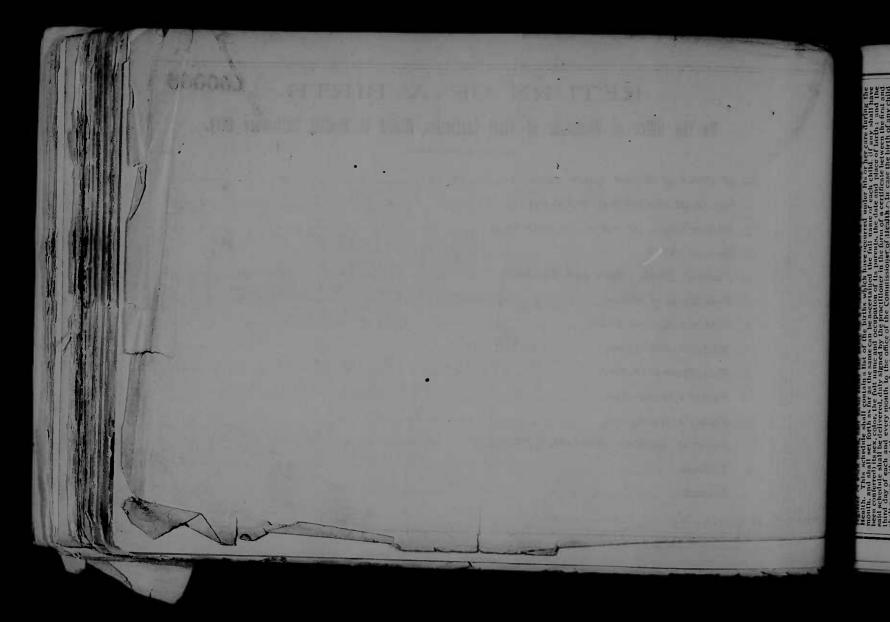
RETURN OF A BIRTHA LUDGE

No.	of Child of Mother, (state whether 1st, 2d, 3d	l, &c.)
1.	Sex, (state whether male or female)	
2.	Race or Color, (if not of the white race)	White-
3.		7-6-121-1892
4.	Place of Birth, (Street and Number)	
5.	Full Name of Mother,	Sotta Brooks
	Mother's Maiden Name,	_ '
7.	Mother's Birthplace,	Balto QS
8.	Full Name of Father,	Pass Brooks
9.	Father's Occupation,	
10.	Father's Birthplace,	Belto Sud
	Name of Medical Attendant, or other person who	(De. B. Billing lea
	Address,	1. 010
	Remarks,	



RETURN OF A BIRTH A LOCO 65

1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, Fielmary 27st 22
4.	Place of Birth, (Street and Number) 1005 Reactors
5.	Full Name of Mother, Sache 6 79.6100
6.	Mother's Maiden Name, Stadio & Masterno
7.	Mother's Birthplace,
8.	Full Name of Father, 9900 69 73 03600.
9.	Father's Occupation,
10.	Father's Birthplace, 73 altern on 5
	Name of Medical Attendant, or other person who makes this Return.
	Address, 87/ 12 ors col or
	Remarks, Roma

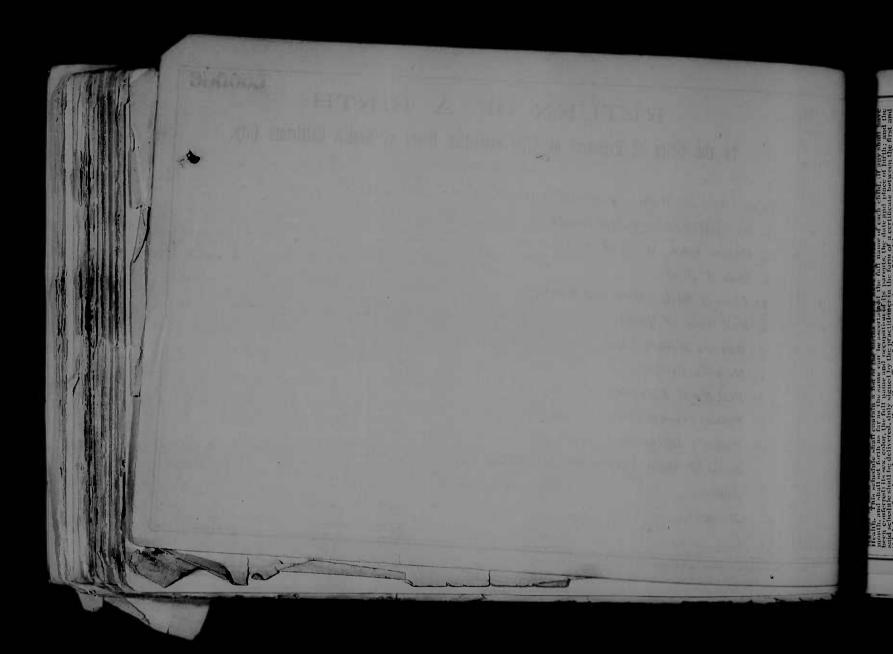


RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

L00066

IVO.	of Unita of Mother, (state whether 1st, 2d, 3d, &c.)
C4 1.	Sex, (state whether male or female) Male
= 2.	Race or Color, (if not of the white race) Dilones
3.	Date of Birth, February 21, 1899
	Place of Birth, (Street and Number) 9 10 DR aburg 8t
5.	Full Name of Mother, Alleary Jockson
6.	Mother's Maiden Name, Mary Barter
7.	Mother's Birthplace, Landbaster Go. Oox.
8.	Full Name of Father, John. Carter
9.	Father's Occupation, Coatchmon
10.	Father's Birthplace, Landcaster Go. Mra.
	Name of Medical Attendant, or other person who Mrs Comish
10	Address, 871 Boyed St
	Remarks,

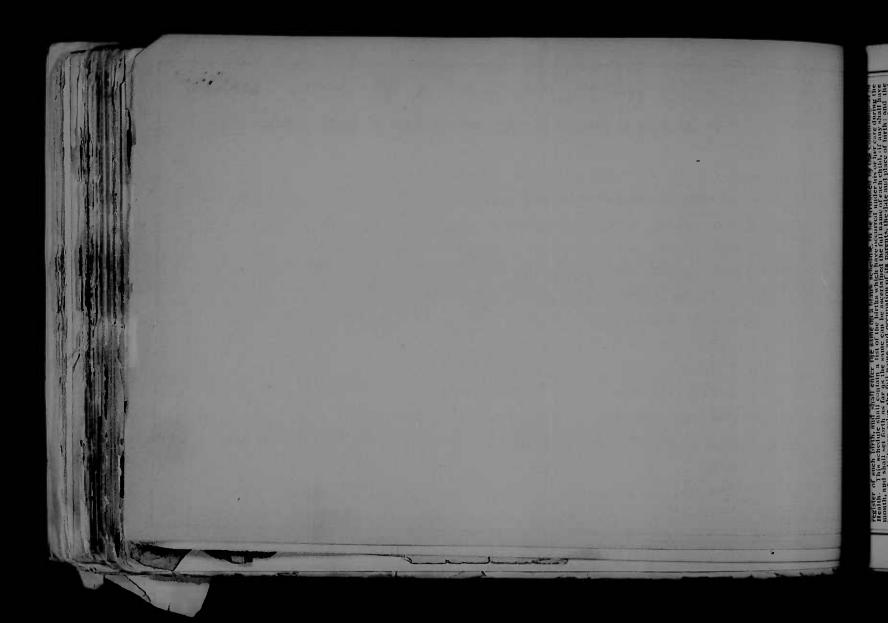


RETURN OF A BIRTH L00067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) // // // // // // // // // // // // //
2. 3. 4. 5. 6. 7. 8. 9.	Race or Color, (if not of the white race) Date of Birth, Place of Birth, (Street and Number) Full Name of Mother, Mother's Maiden Name, Mother's Birthplace, Full Name of Father, Father's Occupation, Parks Parks
10.	Name of Medical Attendant, or other person who Concer Pulbence Address, Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONS

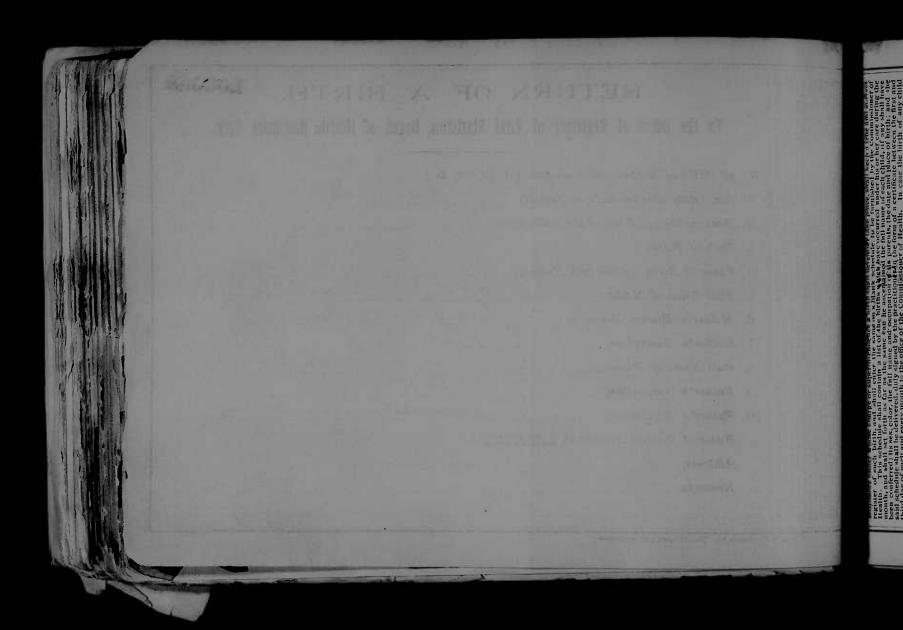


RETURN OF A BIRTH. LOCOGES

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	2011
Vo	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
9	Date of Plinth
4	Diage of Rively (Street and Number)
5.	Full Name of Mother, Pranj. a presentage
	Mother's Maiden Name, 4 CCKer
7.	Mother's Birthplace,
	Full Name of Father, Selet a Resentinger
9.	Father's Occupation, Perlic
0.	Father's Occupation, Father's Birthplace, Bartica Lemany
	Name of Medical Attendant, or other person who ESZE au Helling.
	Address, 208 august of
	Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

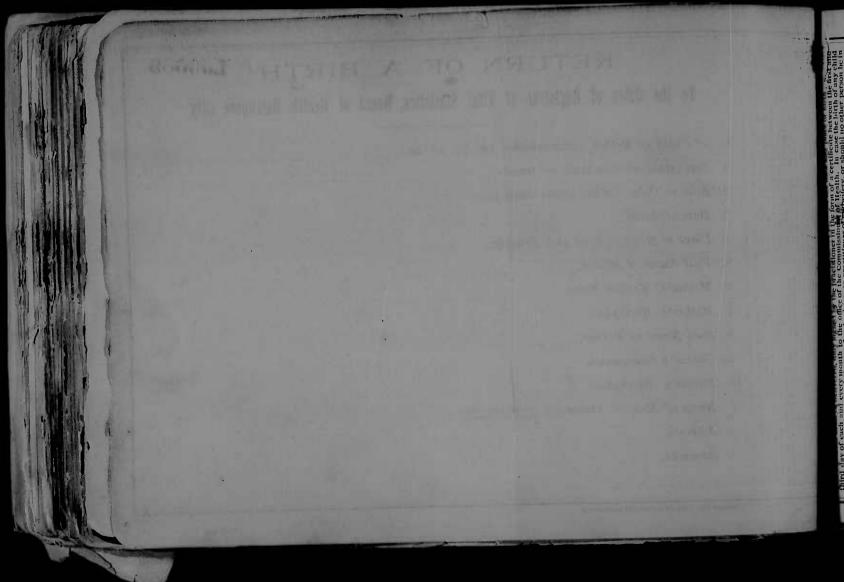


RETURN OF A BIRTHA L00069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

o of Child of Mother, (state whether 1st,	2d, 3d, &c.)	, y
. Sex, (state whether male or female)	Reina	<u>l</u>
. Race or Color, (if not of the white race))	7-7 -
. Date of Birth,	netrucky,	3/92
. Place of Birth, (Street and Number)	863 05	Teuns Ch.
. Full Name of Mother,	Bertha //	
. Mother's Maiden Name,	u na	ullu
Mother's Birthplace,	2016	
. Full Name of Father,	eruhund Mu	zes
. Father's Occupation,	Lucuran	
. Father's Birthplace,	Pacello.	
Name of Medical Attendant, or other person	who Ednery	Ul Deell.
Address,	208 Cing	ill-21
Remarks,		

Wm J C. Dujany Co., City Printers and Stationers.



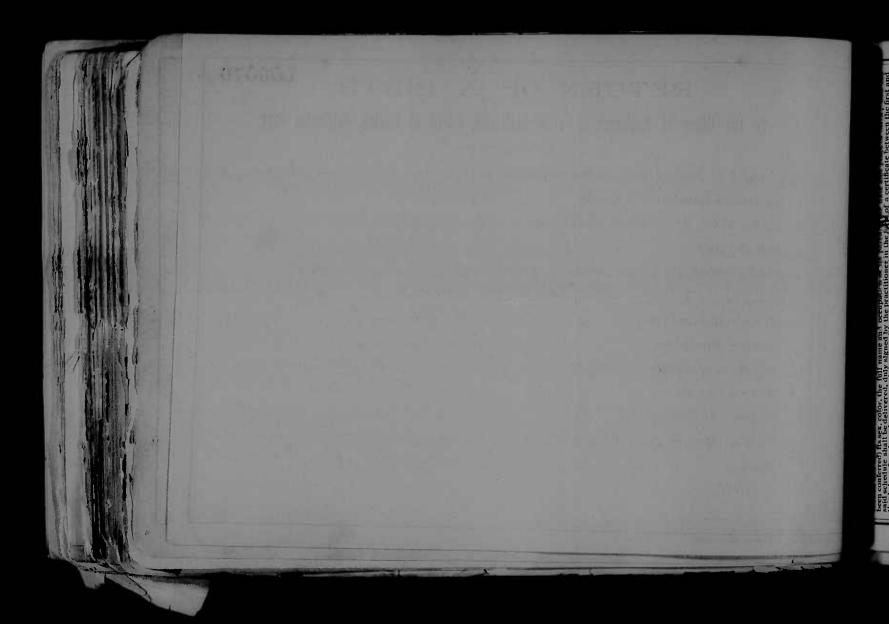
RETURN OF A BIRTH.

L00070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	We en a
No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) fay Elege felli files.
	Sex, (state whether male or female) Hemale
	Race or Color, (if not of the white race) Brown Skin
3.	Date of Birth, 28th Mebruary 1892
	Place of Birth, (Street and Number) No. 38 & Church St
	Full Name of Mother, Spuly Griffin
6.	Mother's Maiden Name, Suy & This col
7.	Mother's Birthplace, Blum are
8.	Full Name of Father, William Henry Johnson
9.	Father's Occupation, Buck gard, Offer Shucker
10.	Father's Birthplace, Ballemare
	Name of Medical Attendant, or other person who Annie Johnson
	Address, 10 43 Brown By Court
	Remarks,

MM.J.C DULANY & GO , CITY PRINTERS AND STATIONERS.

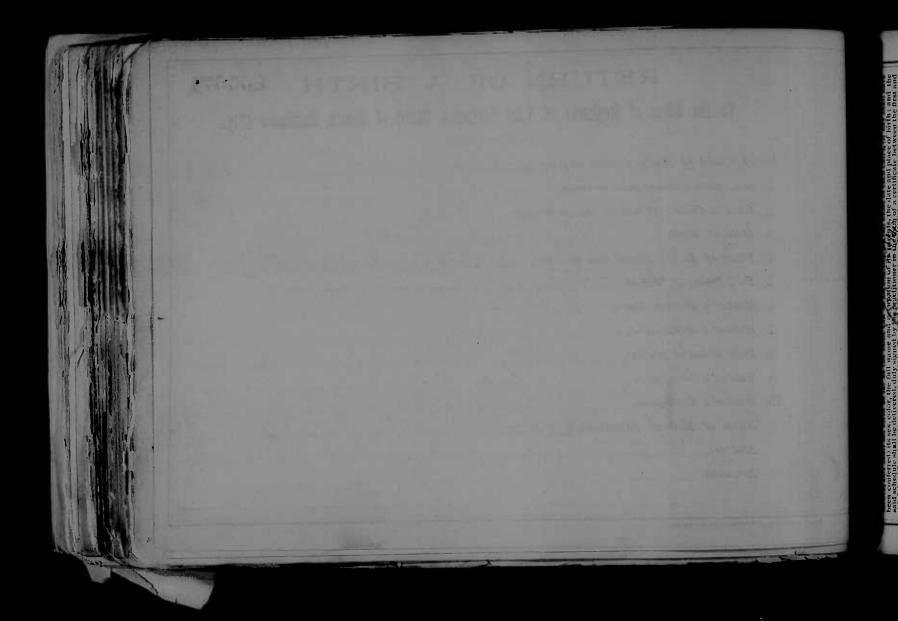


RETURN OF A BIRTH. L00071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother,	(state whether 1st, 2d, 3d, &c.) 2 Child
	ile or female) Fancale,
2. Race or Color, (if no	t of the white race) Islite ace.
3. Date of Birth,	19 of February 1892
4. Place of Birth, (Stre	et and Number 1 5.53 Union of
5. Full Name of Mother	; Hate Mo Canna
6. Mother's Maiden Na	me, Thate There.
	is Biltimore
	, John Ma Canna
	a Clark
10. Father's Birthplace,	in Baltimore
Name of Medical At	tendant, or other person who makes this Return.
	wife Thereas flesher No 5.35 Bild a Mere
Remarks,	. Det de

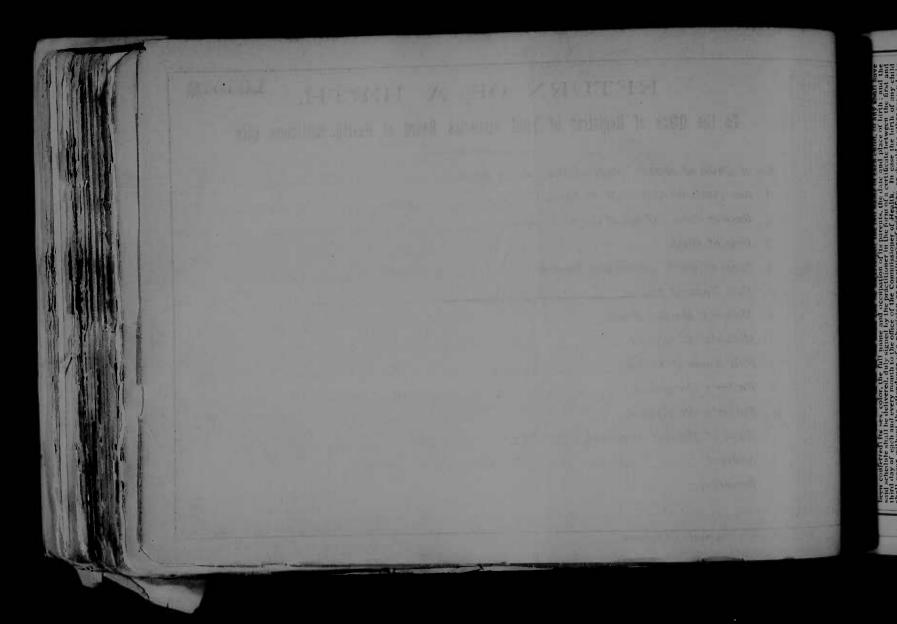
WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.



RETURN OF A BIRTH. & LOGO72

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

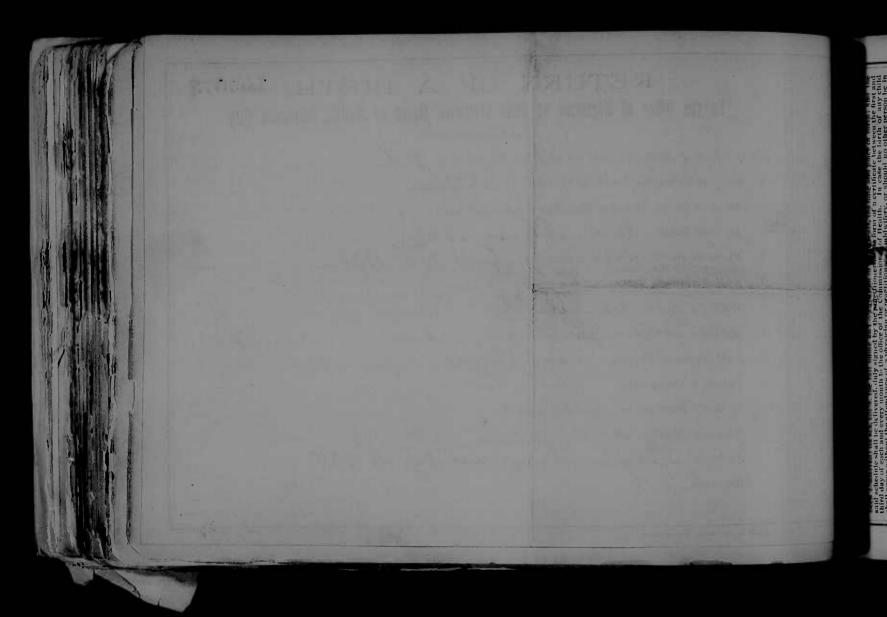
2.	Race or Color, (if not of the white race) white
3.	Date of Birth, 24 Hearns
丢4.	Place of Birth, (Street and Number) 1310 Hall st
்த்.	Full Name of Mother, delina los 2 4344
76.	Mother's Maiden Name, " " Listan
7:	Mother's Birthplace, worth drikas B.
8.	Full Name of Father, Vannes du Tisag.
9.	Father's Occupation, Inging and
	Father's Birthplace, 93 bily insure
	Name of Medical Attendant, or other person who traffic mine Minfrance
	Address, Beason A 1421 Locus Foint
	Remarks,



RETURN OF A BIRTHALOGOTS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

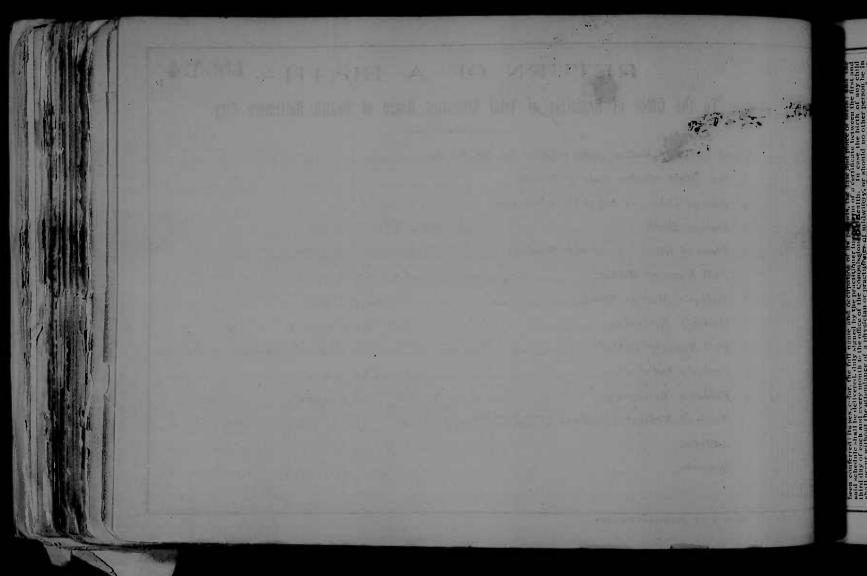
1	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
C2.	Race or Color, (if not of the white race)
	Date of Birth, 27 has Telouse 1892
4.	Place of Birth, (Street and Number) Gons Elle 1121
	Full Name of Mother, Little Scheue
6.	Mother's Maiden Name, " (5)
7.	Mother's Birthplace, Helians
8.	Full Name of Father, Lead between
	Father's Occupation, Med Miss
10.	Father's Birthplace, Blines
	Name of Medical Attendant, or other person who
	Address, Francise Schwag Tol Ely So 434
	Remarks,



RETURN OF A BIRTH. L00074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

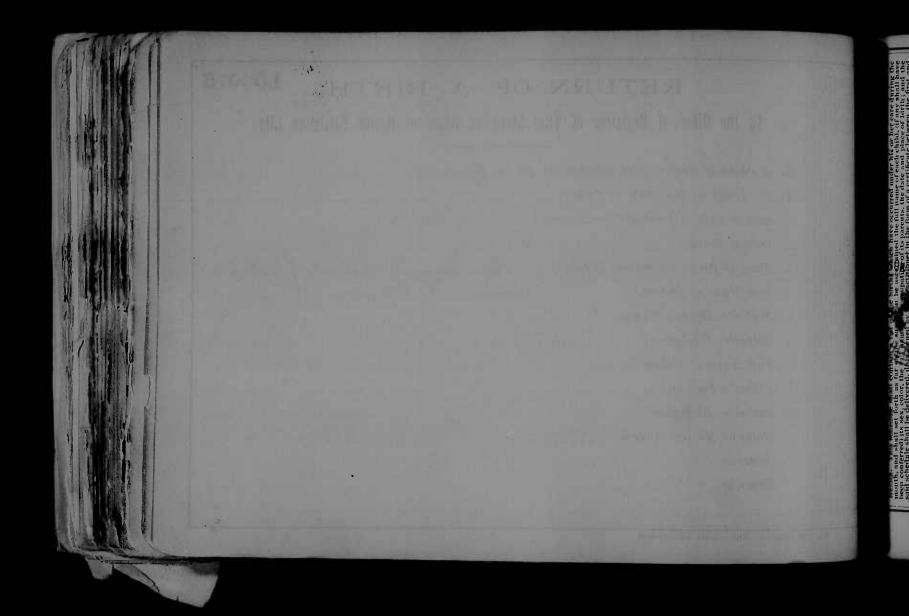
No.	of Unita of Mother, (state whether 1st, 2a, 3a, ac.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) Male.
3.	Date of Birth, 24. 2 Se brain.
4.	Place of Birth, (Street and Number) 1233. Have street.
5.	Full Name of Mother, Agnes Lehlaby or a
6.	Mother's Maiden Name, Lewis fee
7.	Mother's Birthplace, goodmanys
8.	Full Name of Father, Which of Contart of the
9.	Father's Occupation, Labrer.
10.	Father's Birthplace, gennany.
	Name of Medical Attendant, or other person who Mes J. Leerse makes this Return,
	Address, Have street.
	Remarks,



RETURN	OF	A	BIRTH.	L00075
7 () 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth,
4.	Place of Birth, (Street and Number)
5.	Full Name of Mother, A ESSEN DA ELLE
	Mother's Maiden Name,
7.	Mother's Birthplace, Q-
s.	Full Name of Father,
9.	Father's Occupation,
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who AMEN TO ESME
	Address,
	Remarks,

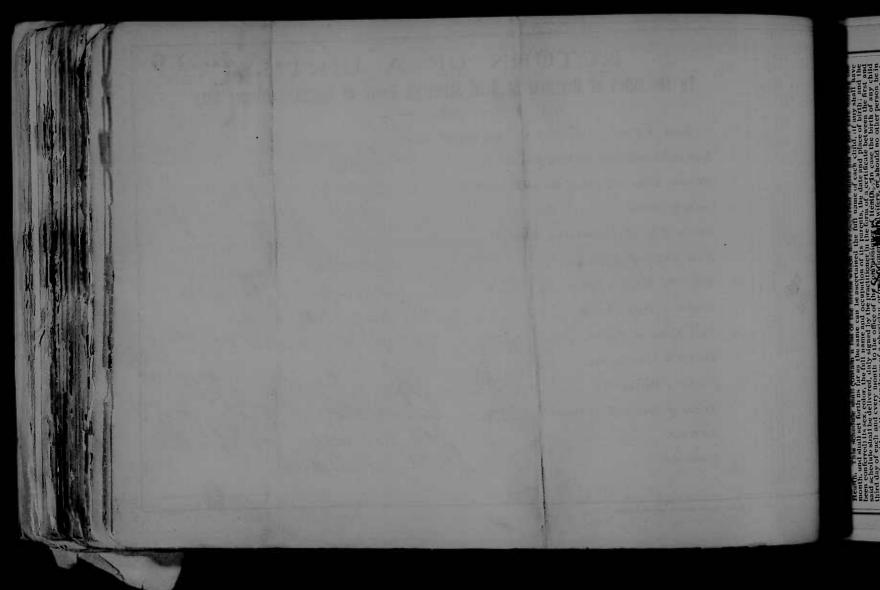


RETURN OF A BIRTH. A 100076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)....

1.	Sex, (state whether male or female)	Mgale
2.	Race or Color, (if not of the white race)	Colory
3.	Date of Birth,	Fill- 2/ th 1892
4.	Place of Birth, (Street and Number)	210 Still St
5.	Full Name of Mother,	Seaner Harry
6.	Mother's Maiden Name,	Seaner Ellels
7.	Mother's Birthplace,	Virgina
8.	Full Name of Father,	Sergen Harris
9.	Father's Occupation,	Labor,
10.	Father's Birthplace,	Cambridge Mad
	Name of Medical Attendant, or other person who	Charlottee Williams
	Address,	910 Leaden- Hall St
11-	Remarks,	ive dollars
	Z	

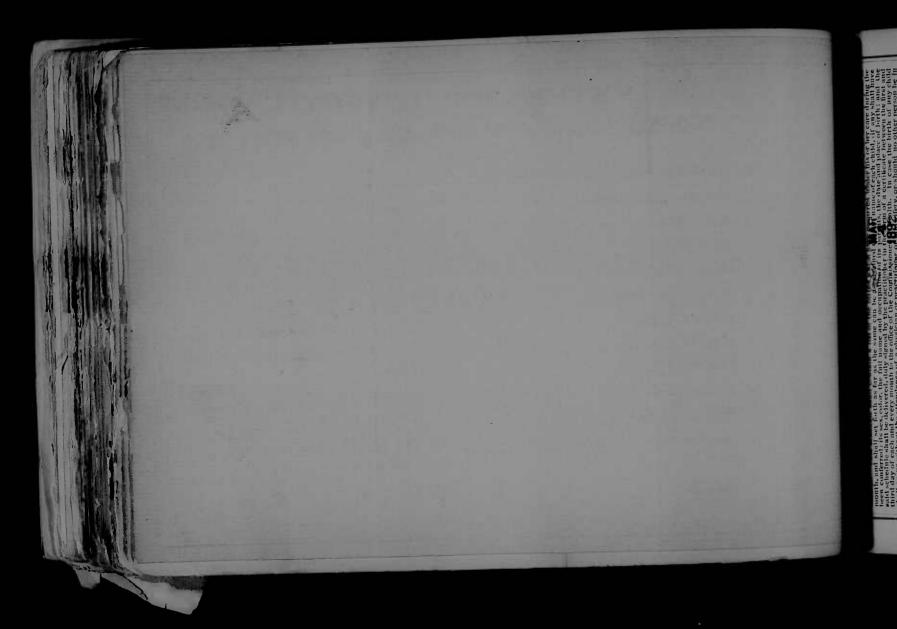


RETURN	OF	A	BIRTH	AL00077
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Orfei	No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
and of	1.	Sex, (state whether male or female) Finale
STATE OF THE STATE	. 0	Page or Color (if not of the white race)
3	7	The Dental Helpres arry . Ill to 10 10
	5 4.	Place of Birth, (Street and Number) No. 4/7, C. of Syruan 81. 100
	5.	Full Name of Mother, Wari Own
10 to 1		Mother's Maiden Name, Gath
fier fa		Mother's Birthplace, Germany
herea ench c	8.	Full Name of Father, George Hold
shall irs for	9.	Father's Occupation, But Brewer
dolla		Eather's Rightmany (Yermany)
erson en (10	10.	Name of Medical Attendant, or other person who Milhelmine vanual
ne of		Address. No. 1859 N. Gay H. City
the fir		
y such		Remarks,

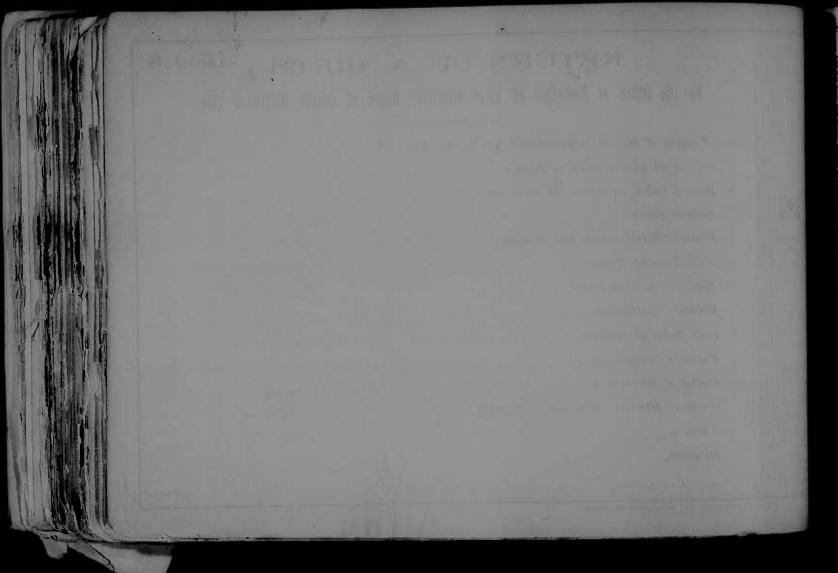
WM. J. C. DULANY & CO , CITY PRINTERS AND STATIONES



RETURN OF A BIRTH. L00078

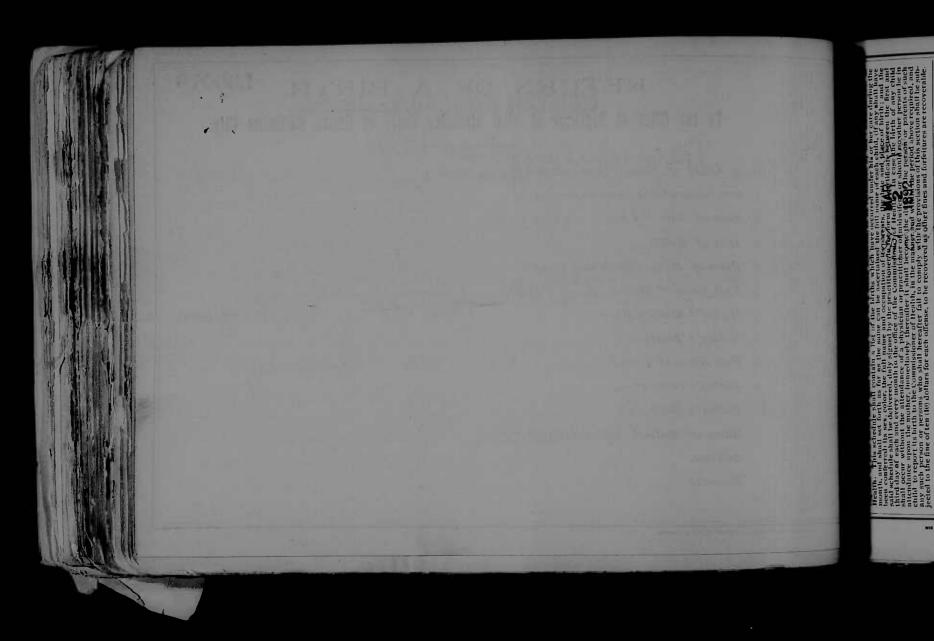
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0.	of United of Mother, (state whether 18t, 2tt, 3tt, 4tt.)
	Sex, (state whether male or female) Bay.
	Race or Color, (if not of the white race)
3.	Date of Birth, 5 February.
	Place of Birth, (Street and Number) 1930. Have street.
· •	Full Name of Mother. Manusata Mangunok.
	Mother's Maiden Name, Januar
7.	Mother's Birthplace, Joemany.
3.	Mother's Birthplace, Germany. Full Name of Father, Andrees Washerset
	Father's Occupation, Zakrer.
).	Father's Birthplace, Reynous,
	Name of Medical Attendant, or other person who Mass T. Lievsen, and
	Address, 1225 Have street.
	Remarks,



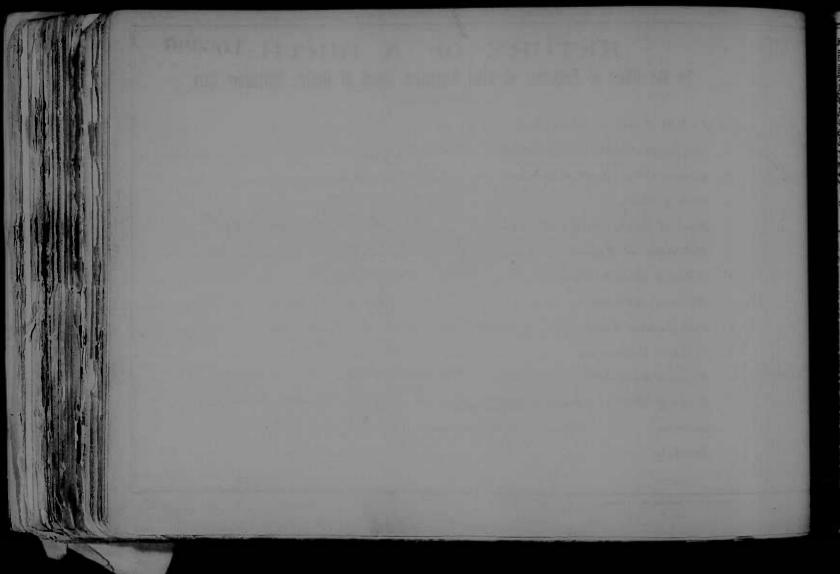
m lave and the irst and irst and of which of which wed, and be sult-	RETURN OF A BIRTH. LOGOTS
A bleth of	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
different of the control of the cont	No. of Child of Mother, (state whether 1st, 2d, 3d, &c). 1. Sex, (state whether male or female). 2. Race or Color, (if not of the white race).
ned the full ma fig parents, the missioner of the honer of midwil hecome the d manner and w sly with the pr	3. Date of Birth, (Street and Number) & Character 25
un be ascertali d occupation of y the practition ce of the Coun- cian or practil reafter it shall Heath, in the Heaffill to coup asc, to be reco	5. Full Name of Mother, Ulfarata (4-26a) (2-26a) Roginier) 6. Mother's Maiden Name, " (Bragning Committee)
ar as the same of the full name and the full name and ontil to the offine of a plysic namediately the full namediately f	7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation. 8. Supplied to the County of the County
set forth as fi issex, color, th is and every m and the attenda the mother, is infinite to be infinite to be	10. Father's Birthplace, Saltage of Medical Attendant, or other person who
tewill. This is month, and shall need confered in a confered in the day of each hall occur with the day of each hall to report is ny said between the confered in the confered in the confered in the confered in the factor of the factor is month to report is ny sinch person.	Address, 2,022 (A.C.) Remarks,

MM.J.C DULANY & CO , CITY PRINTERS AND STATIONERS.



RETURN OF A BIRTH. LOGGEO To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) fremale
2.	Race or Color, (if not of the white race) White
3.	Date of Birth, 2/21 71 el-1892
4.	Place of Rirth (Street and Number) 1802 Jough 1
5.	Full Name of Mother, Serve (Les
6.	Mother's Maiden Name, Wines
7.	Mother's Birthplace, Prissici
8.	Full Name of Father, Bofert ther
9.	Father's Occupation, Shoe maker
10.	
	Name of Medical Attendant, or other person who
	Address, 42 albernaile V
	Remarks,

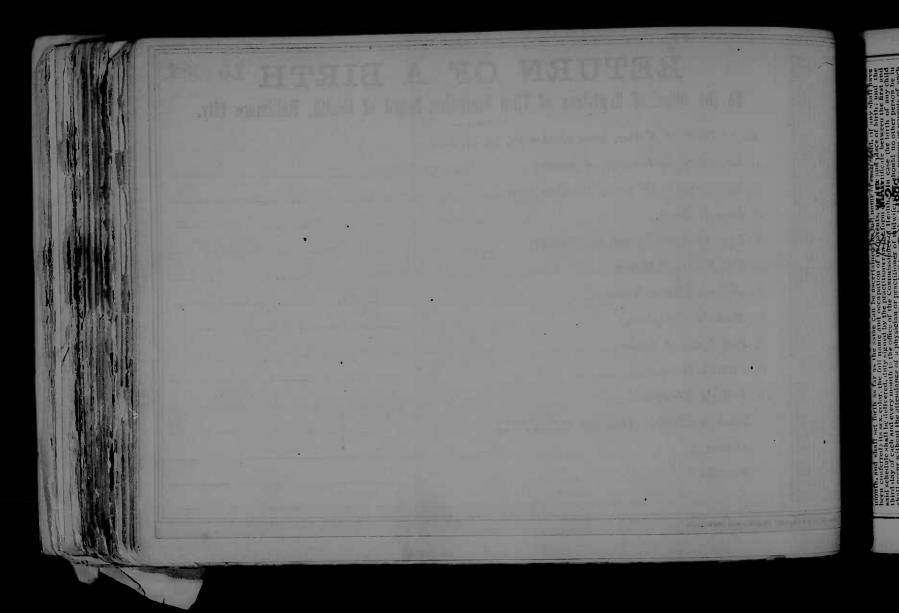


RETURN OF A BIRTH LOCO81

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st,	2d, 3d, &c.)
. Sex, (state whether male or female)	Memale
Race or Color, (if not of the white race)	3 hele
Date of Birth.	17 826 1693
Place of Rirth (Street and Number)	Ill Jexing I Balk
5. Full Name of Mother,	Rose, Maringlian
Mother's Maiden Name,	Peris Monty
7. Mother's Birthplace,	Ballonos:
Rull Name of Father.	in tax Mouraceon
9. Father's Occupation,	any says
0. Father's Birthplace,	Nacie .
Name of Medical Attendant, or other Person v	
Remarks,	

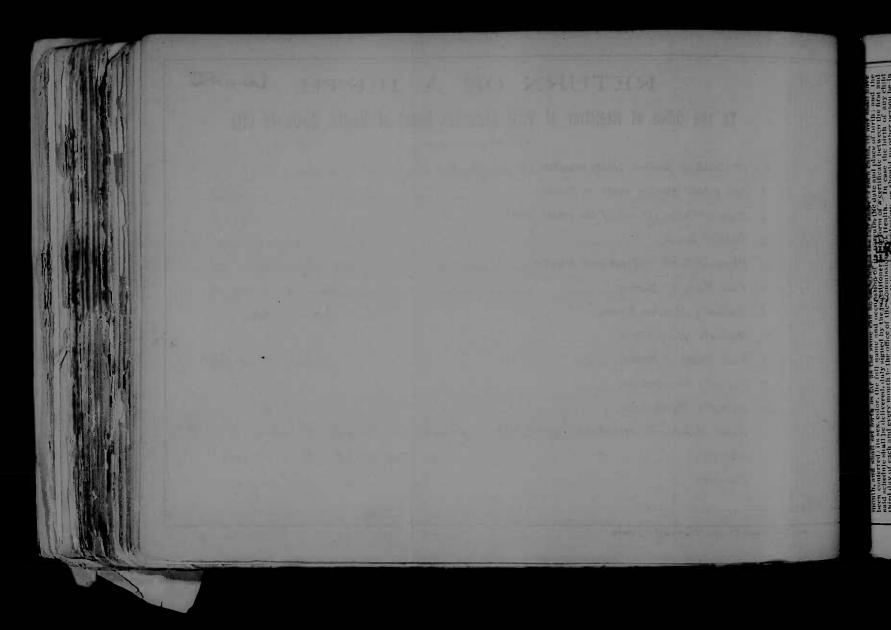
ohn Murphy & Co., City Printers and Stationers.



RETURN OF A BIRTH. LOGO82

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

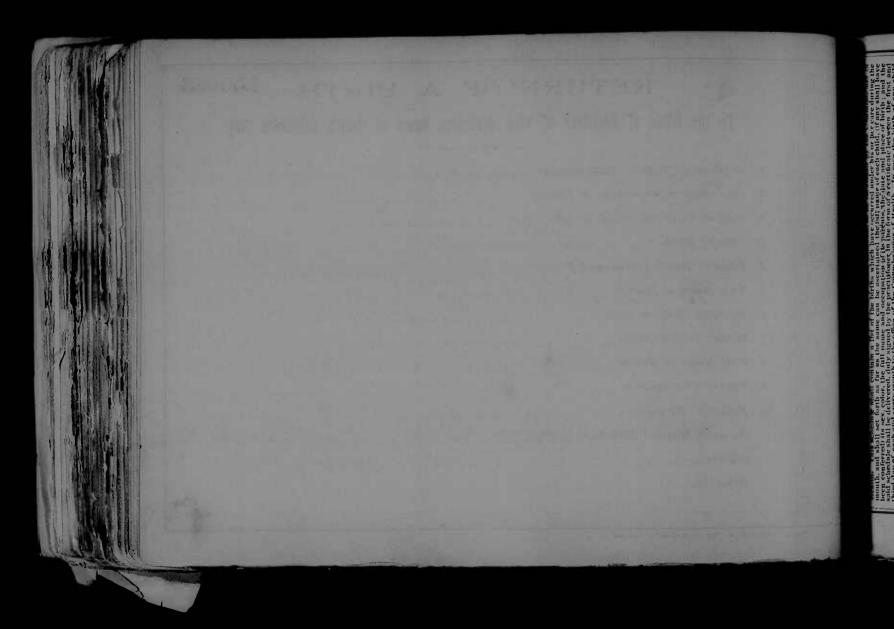
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1,-
1 Sex, (state whether male or female)	D/Ale
2. Race or Color, (if not of the white race)	While
2 Date of Rirth.	4 of Sobrier 92
4. Place of Birth, (Street and Number)	34/ Burlalove al
5. Full Name of Mother,	Meinela Win Befs K2
6. Mother's Maiden Name,	Wanda Ochie
7 Mother's Birthplace,	Pole
8 Full Name of Father,	Juling Vanko 68. he
9. Father's Occupation,	30404
1) Pathar's Righthalace	To la
Name of Medical Attendant, or other person who wiedere	elle Henler Willwift
Address, 2116	weit fratt str
Remarks,	



RETURN OF A BIRTH. LOCO83

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 201 Sex, (state whether male or female) 112 ale
1,	Race or Color, (if not of the white race)
2.	Date of Birth, February 21 9.9
3.	Place of Birth, (Street and Number) 304 Presedent Sh
<i>i</i> 4.	Full Name of Mother, Slavia Sarchione
5.	Full Name of Mother, July Day 100
	Mother's Maiden Name, Belsella
•	Mother's Birthplace, Staly Sarchione
8.	Full Name of Father, Sinseppe Sarchwine
9.	Father's Occupation, Letve
10.	Father's Birthplace, Stafy
	Name of Medical Attendant, or other person who My Cacilie Belvus blue
	Address, 122 J. Exeler II
	Remarks,



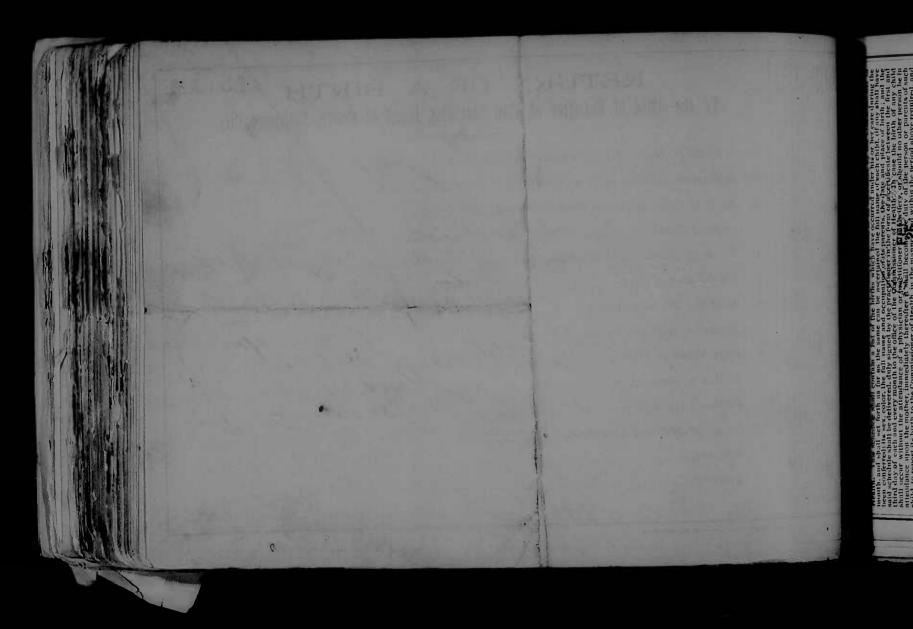
RETURN OF A BIRTH.

L00084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sex, (stat	te whether male	or female)	mode,	•••••	
	Color, (if not of t				
Date of 1	Birth,	Tebruo	10 18,	189	2.
Place of	Birth, (Street an	nd Number)	Blick	nery s.	treet 111
Full Nan	ne of Mother,	0	Kadming	Gery	alle
Mother's	Maiden Name,	, 2	lectivio	y Tre	uchel.
	Birthplace,		9	Ger	- mounts
Full Nan	ne of Father,	E	Reintro	WSIn	oin L
Father's	Occupation,		M	oish	icist.
	Birthplace,			Jen m	cong.
Name of	Medical Attend	ant, or other person	who (d)	nr 13	mige'
	,				

WM J. C BULANY CO CITY PRINTERS AND STATIONERS.

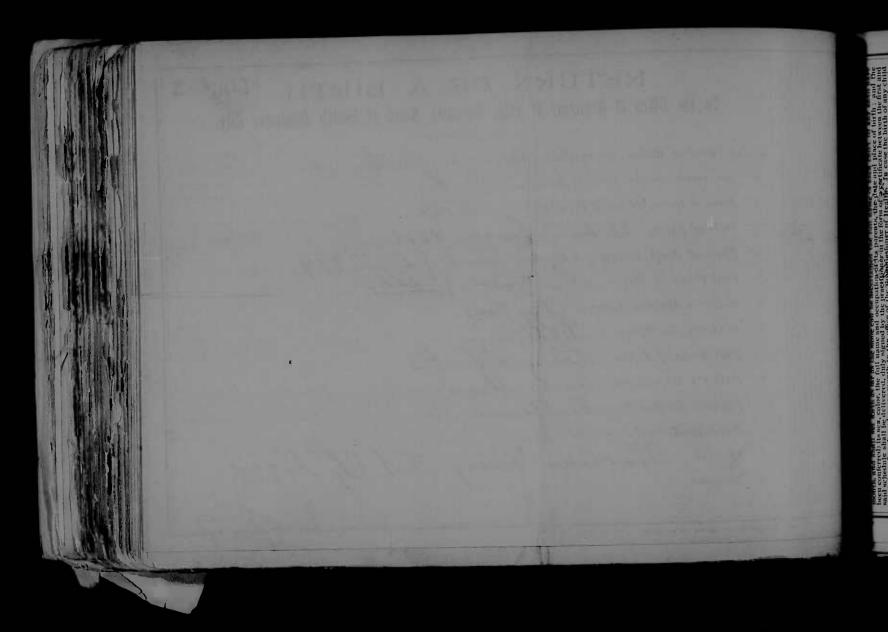


RETURN OF A BIRTH. LOCOS5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 21 Sur Talonar 1892
4.	Place of Birth, (Street and Number) Jan Ely de 404
5.	Full Name of Mother, Mariana Nolles
6.	Mother's Maiden Name, Say Men
7.	Mother's Birthplace, Bliver
8.	Full Name of Father, Joseph Nanfas
9.	Father's Occupation, World Manne
10.	Father's Birthplace, Bellyneer
	Name of Medical Attendant, or other person who
	Jacess, Theoline Thong Joh Ely No 494
	Remarks,

WM. J. O. BULANY CO CITY PRINTERS AND STATIONER

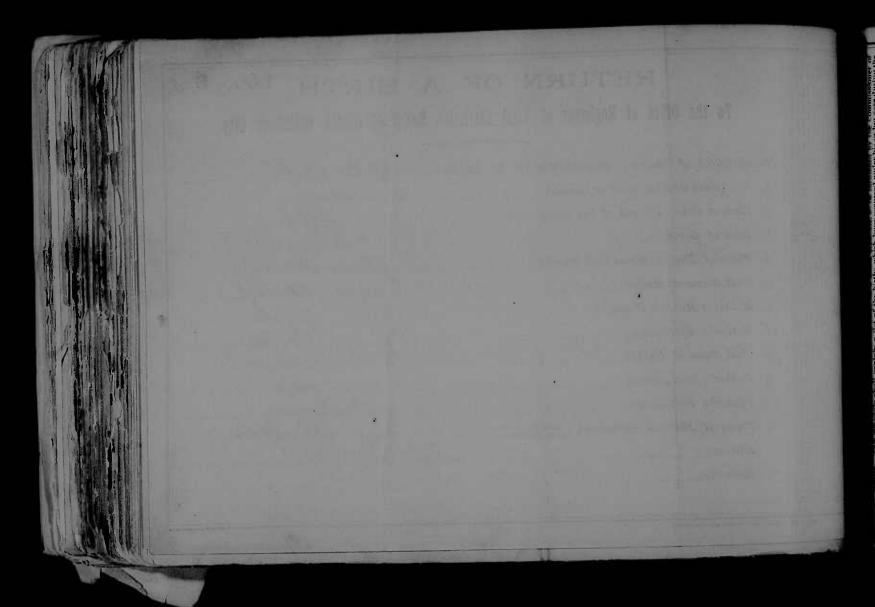


RETURN OF A BIRTH. LOCOE6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 M Child
1. Sex, (state whether male or female)	dbale
2. Race or Color, (if not of the white race)	
3. Date of Birth,	
4. Place of Birth, (Street and Number)	Glemen Str. 1528.
5. Full Name of Mother,	Lizzie Schullet
6. Mother's Maiden Name,	" Gurshe.
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation,	Leber
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaeffler.
Address,	Text toe No 1808.
Remarks,	

#M.J.C. DULANY & CO , CITY PRINTERS AND STATIONERS.

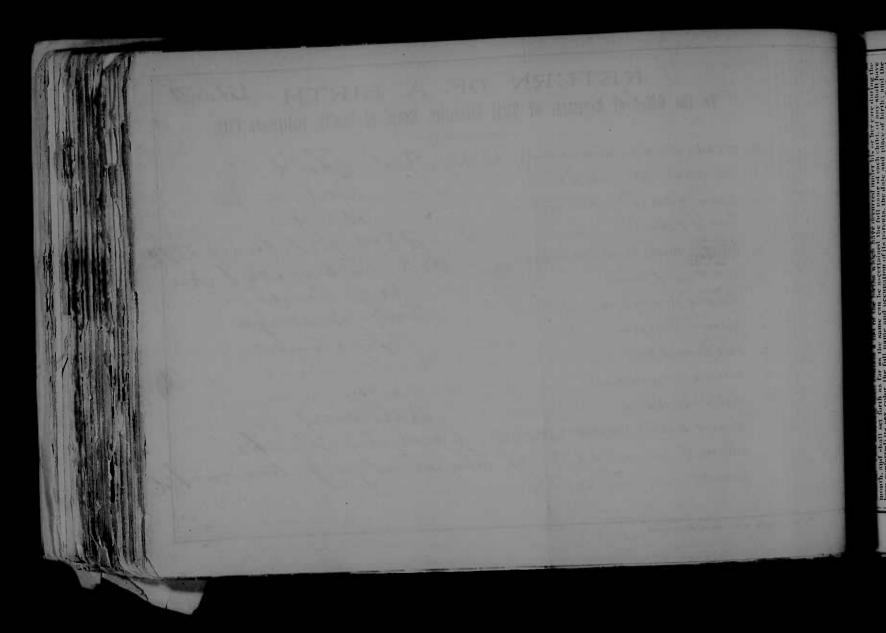


RETURN OF A BIRTH. LOGOST

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex, (state whether male or female)	Dirl
2.	Race gr Color, (if not of the white race)	White
3./	Date of Birth,	23 ed of February 18
	Plan Birth, (Street and Number)	15 Patterson Park An
		Mary Lane
7	6.7 / 4.5	May Heroberger
7.	Mother's Birthplace,	Baltimore
8.	Full Name of Father,	Albert Lane
9.	Father's Occupation,	Pader
10.	Father's Birthplace,	Baltimure
	Name of Medical Attendant, or other person who	resointra Kunkel
	Address, 2/3 North Cha	hel st per gentina Kon
	Remarks, Health	X 0'

WH J. C BULANY CO CITY PRINTERS AND STATIONS



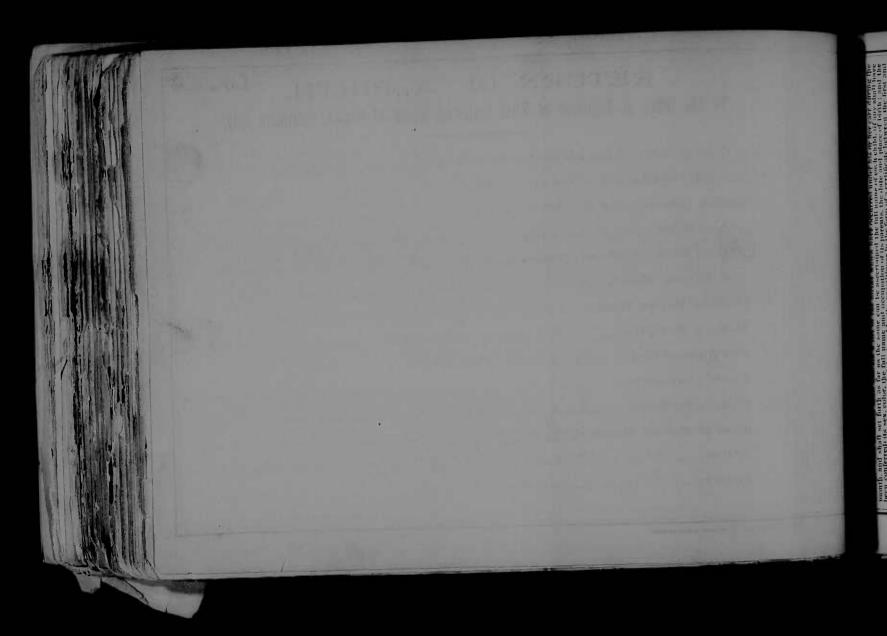
RETURN OF A BI	RETURN	OF	\mathbf{A}	BIRTH
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LOCOES

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

hetw he b no c on o od ab is sec iture	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
cente anse t ombel perio of thi forfe		
In constant	1. Sex, (state whether male or female) The sex	
of a call the call th	2. Race or Color, (if not of the white race)	
Hen di	3. Date of Birth, 41 12 1892	
of in the fact of ince a so of		
sion mer becomen man dy w	4. Wie of Birth, (Street and Number) 22.	
tions munic tite the comp	5 Full Name of Mother, Buthin Living	
ir pro	6. Mother's Maiden Name, Bucker 13 the	
of the parties of the	6. Mother's Maiden Name,	
Thy There There Trof I	7. Mother's Birthplace, Blugt Lines	•••
igne he of tely sione l her	8. Full Name of Father, Kintine Levine	
nty s h to cer of cedin shall shall		
ed. d	9. Father's Occupation, Tasks	•••••
tive inter- there	10. Father's Birthplace, Busy & Russ	
he de the charter	Name of Medical Attendant, or other person who	
in the state of th		
or with	Address, Jetter Stangery	
day occur dame to re uch	Remarks, 11776. Lamberd LT.	
hild hild hild my s		

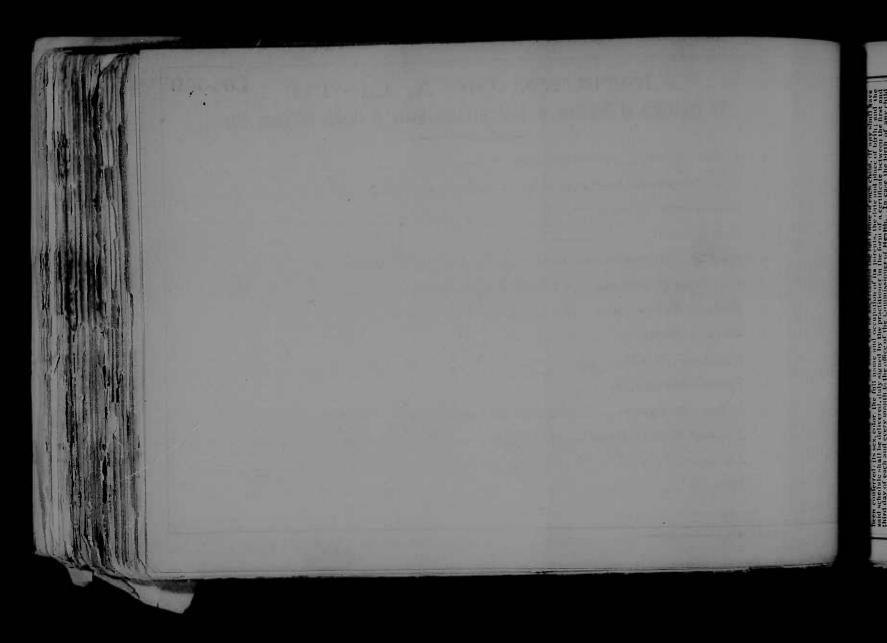
WH J O DULANY CO CITY PRINTERS AND STATISHER



F	RETURN	OF	A	BIRT	`H. 🐴	LUUUGE
			D	1 P II - 14h	Daldina ana	M:4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2tt, 5tt, 2tt,
1.	Sex, (state whether male or female) Hingh
2.	Ruce or Color, (if not of the white race)
3.	Date of Birth, 1122
4.	Place Birth. (Street and Number) HIL 20 Th 1992
5.	El - Plane Male Marce
6.	Mother's Maiden Name, Anne Duy
7.	Mother's Birthplace, Sanah, Knena
8.	Full Name of Father, Usar Stoffer hig
9.	Father's Occupation, Jaile
10.	bastelell Residen
10.	Name of Medical Attendant, or other person who
1	Address, 477 8. Lambard It
	Remarks,

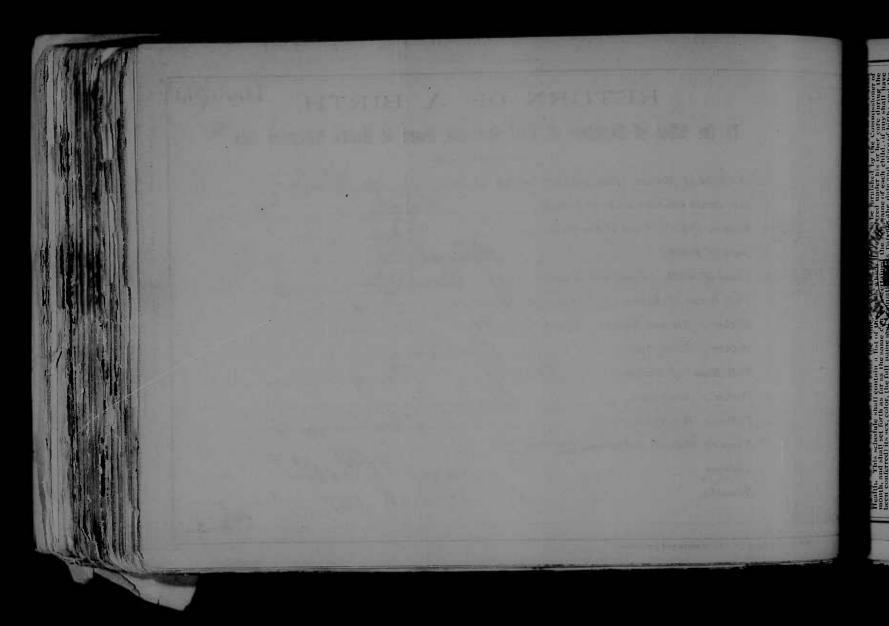


RETURN OF A BIRTH.

L00030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Mother, (state w)		d, &c.)	of Kimer	·····
1. Sex, (stat	e whether male or	female)	Medes	en	***************************************
2. Race or C	Color, (if not of the	white race)	Noy	19	***************************************
A Date of 1	Birth,	9	ebrual 1	2	
A. Place of	Birth, (Street and	Number)	Bond si	h	************
5. Full Nas	ne of Mother, M.	utilde Ros	ina K	ing	******************************
	Maiden Name,			non	
	Birthplace,		Baltimor	e-	
8. Full Nan	ne of Father,		· · · · · · · · · · · · · · · · · · · ·	no	
	Occupation,		bails		
	Birthplace,		Be	altimore	
Name of	Medical Attendant,	or other person who makes this Return,	, 00		
Address,	••••		Mari's	Trell.	
Remarks,		1	Bond of	838	,

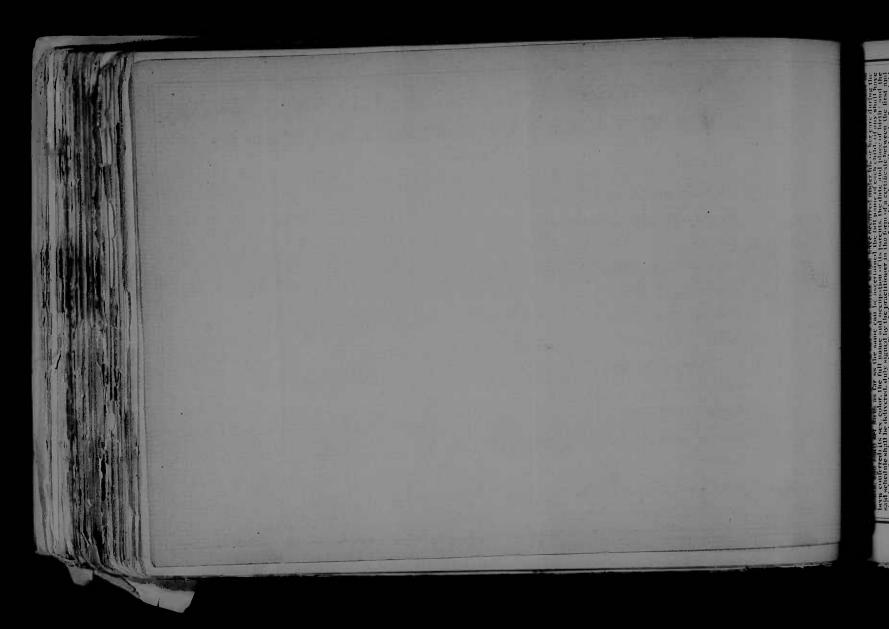


RETURN OF A BIRTH LUCO91

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of	Child of Mother, (state whether 1st, 2d, 3d, &	c.) , (())
1. Sex	x, (state whether male or female)	Male
2. Rac	ace or Color, (if not of the white race)	Lecture of
3. Dat	ate of Birth,	
4. Pla	ace of Birth, (Street and Number)	12 Checkard JU
5. Ful	ill Name of Mother,	Mary Hillen It was
6. <i>Mot</i>	other's Maiden Name,	
7. <i>Mot</i>	other's Birthplace,	La Janes
8. Ful		Primas Charles
9. Fat	ther's Occupation,	Andre Blev
(). Fat	ther's Birthplace,	The the desire
Nan	ame of Medical Attendant, or other person who makes this Return.	
	dress,	Speries Land
Rem	marks, 649	2 Deserting VIII

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

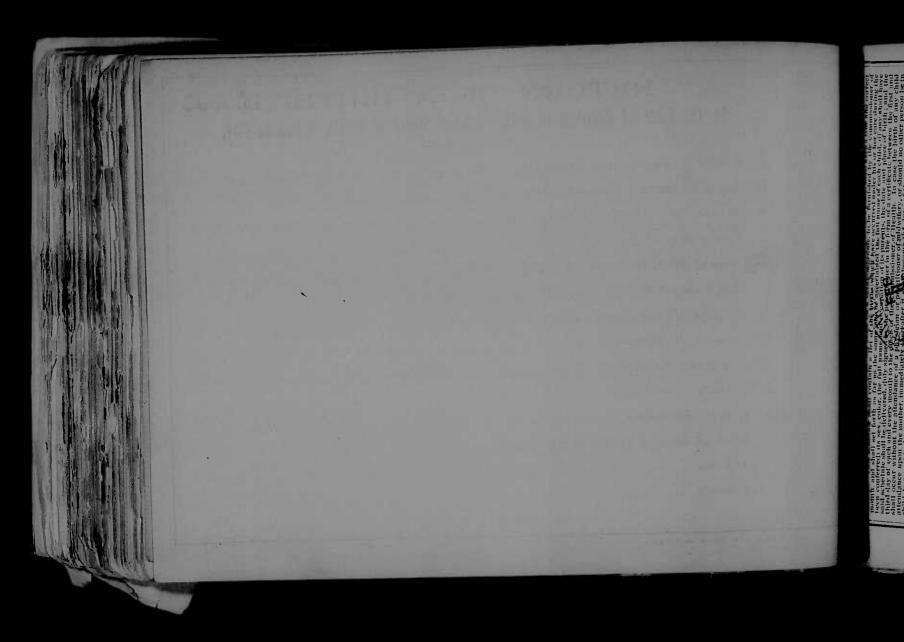


RETURN OF A BIRTH. LUCA92

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

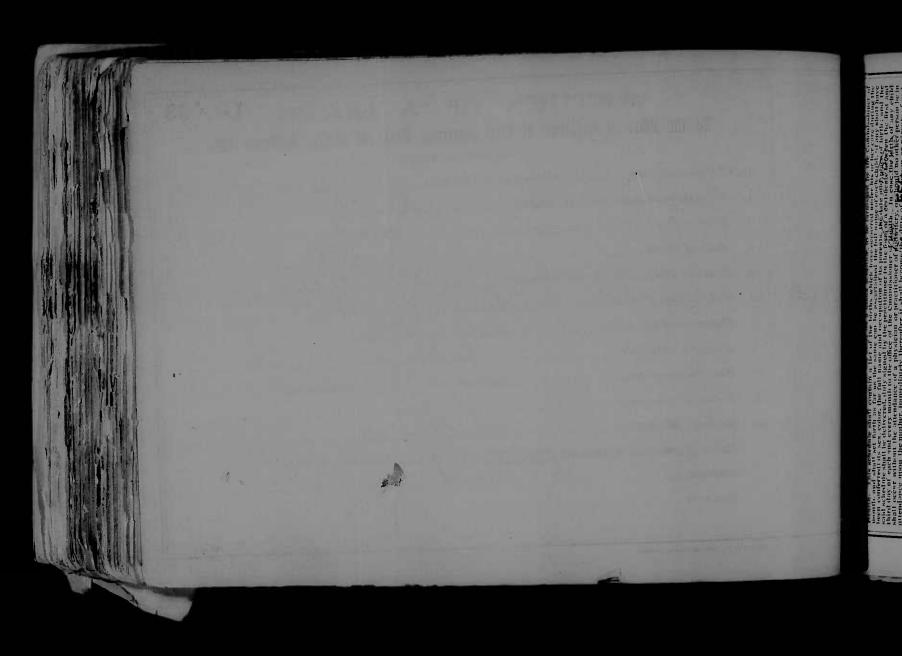
No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) Alle
2.	Hoce or Color, (if not of the white race) Whit Kee
	Date of Birth, Fel 1 1592
HICK S	Place of Birth, (Street and Number) 42, 6 not of 4
5.	Fill Name of Mother, Ocasa Sochet
	Mother's Maiden Name, Both Lewis
7.	Mother's Birthplace, Passinly
8.	Full Name of Father, Al Myst Sochet
9.	Father's Occupation, Buther
10.	Father's Birthplace, Jalline
	Name of Medical Attendant, or other person who makes this Return,
	Address,
	Remarks,

WIR J O DULANY CO CITY PRINTERS AND STATIGHER



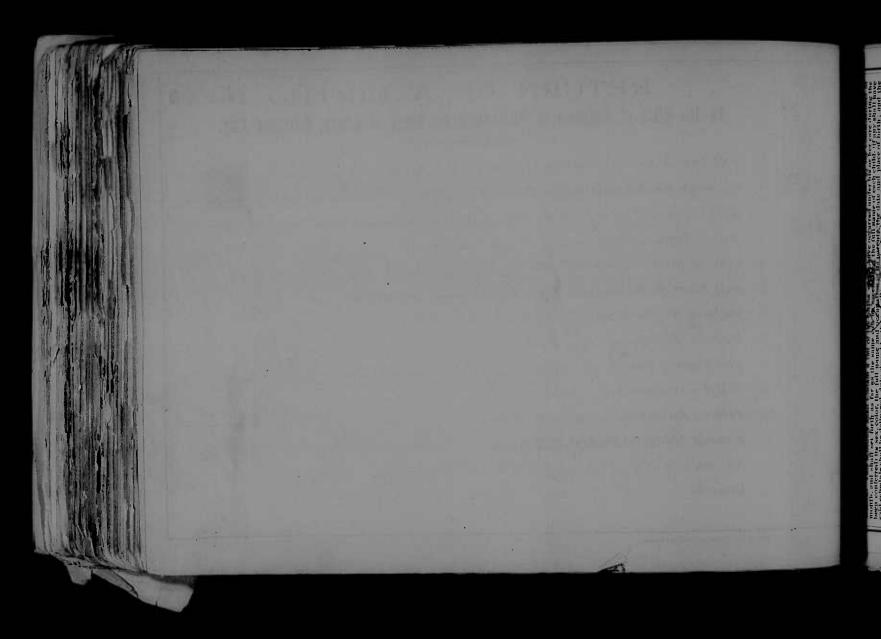
RETURN OF A BIRTH. LOGOS3 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child
1.	Sex, (state whether male or female) Lemale
2.	Race or Color, (if not of the white race)White
3.	Date of Birth, 7 Feb
4.	Place of Birth, (Street and Number) Relthel st 1719
5.	Full Name of Mother, Ratie Veaglien
6.	Mother's Maiden Name, Kate Rice
7.	Mother's Birthplace, Raltimore
8.	Full Name of Father, Konrot Vegalien
9.	Father's Occupation, Ropher
10.	Father's Birthplace, Saltimore
	Name of Medical Attendant, or other person who Mrs Nahamann
	Address, 409 South Bond st
	Remarks,



RETURN OF A BIRTH. LOCO94 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 not be held
1.	Sex, (state whether male or female) Historial Girl
2.	Race or Color, (if not of the white race). It hat Kert
3.	Date of Birth, Allenany 5 th 1894
4.	Place of Birth, (Street and Number) 1426 Laugh St.
5.	Full Name of Mother, A raide School
6.	Mother's Maiden Name, Frankle Blamen
7.	Mother's Birthplace, Pokrony
8.	Full Name of Father, Ciche School
9.	Father's Occupation, Textes
10.	Father's Birthplace, Pouluses
	Name of Medical Attendant, or other person who Title Tylannsky
	Address, 1177 6. Sunbard St.
	Remarks,



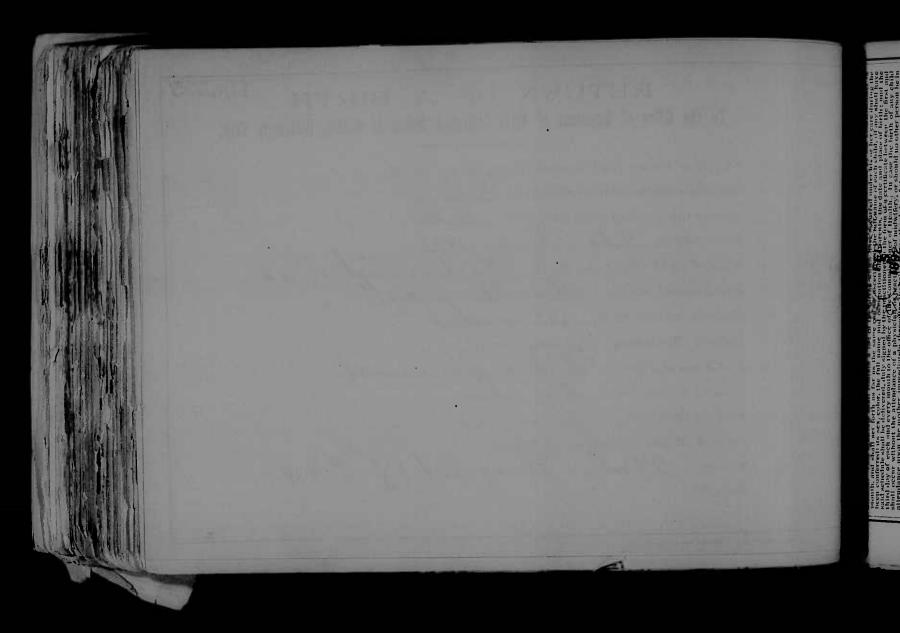
RETURN OF A BIRTH.

L00095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex, (state whether male or female). B. Le
2.	Race or Color, (if not of the white race)
	Date of Birth, 4 low Jelmes 1899
4.	Place of Birth, (Street and Number) Inches Jan 108
5.	Full Name of Mother, allere Schermans &
6.	Mother's Maiden Name, Harron of
7.	Mother's Birthplace, Germanies
8.	Full Name of Father, Staton Schernonski
9.	Father's Occupation, Will Man
10.	Father's Birthplace, Germania
	Name of Medical Attendant, or other person who
4	Address, Harolin Showey For Elg No 134
1	Remarks,

WM. J. O. BULANY CO CITY PRINTERS AND STATIONERS



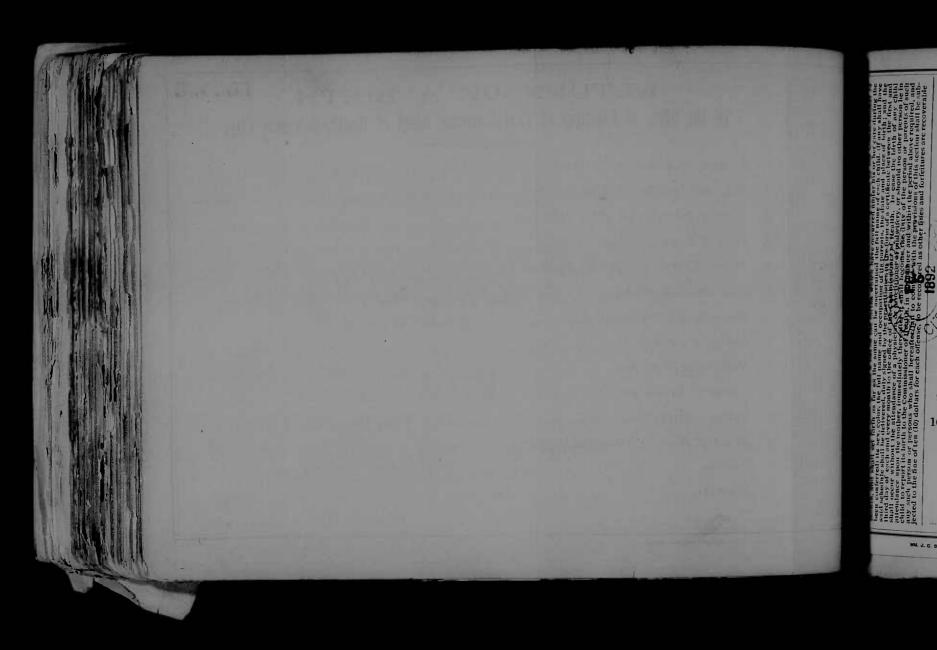
RETURN OF A BIRTH.

L00096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

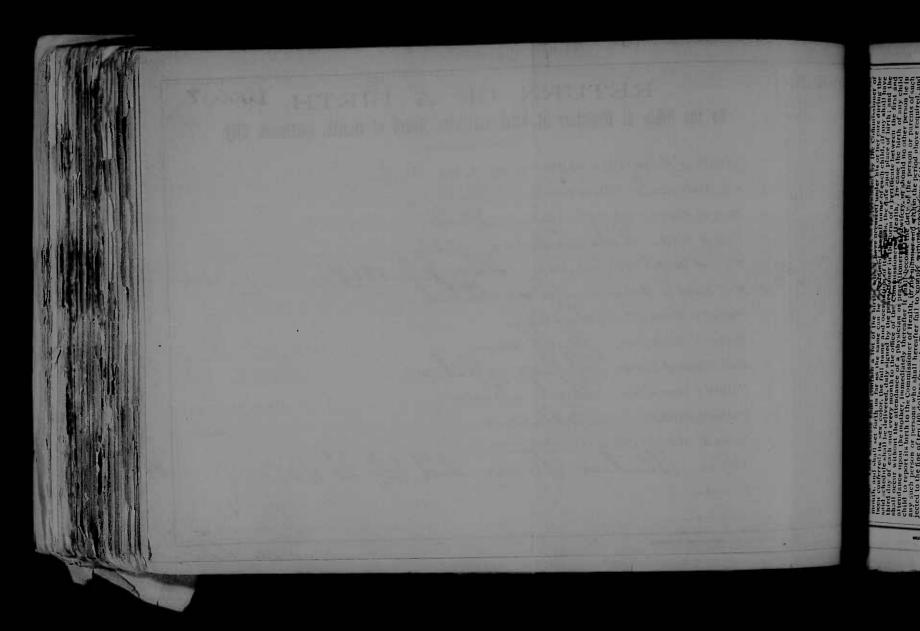
No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) alo links children
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race).
3.	Date of Birth, forthard (1.42
4.	Place of Birth, (Street and Number) / / Liggs Swine
5.	Full Name of Mother, July Louis
6.	Mother's Maiden Name, Julia Green
7.	Mother's Birthplace, St mirry 160.
8.	Full Name of Father, Joshafih Daly
9.	Father's Occupation, public works
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who
	Address, Rul sico
	Remarks,

MM 1 C DULANY CO CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH. LOGS 7 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
	nale or female)Bul	
. Race or Color, (if no	t of the white race)	*************
Date of Birth, 2	Les Telouas 1872	
- 1	et and Number) Letre Fly 1414	***************************************
Full Name of Mothe		
Mother's Maiden Na		
Mother's Birthplace,	Bellinear	
	Wilian Stilon	
Father's Occupation,		*************
Father's Birthplace,		
Name of Medical Att		
Address, Kan	line Throng Fat Ely 1/2 439	/
Remarks,	The Market of the	

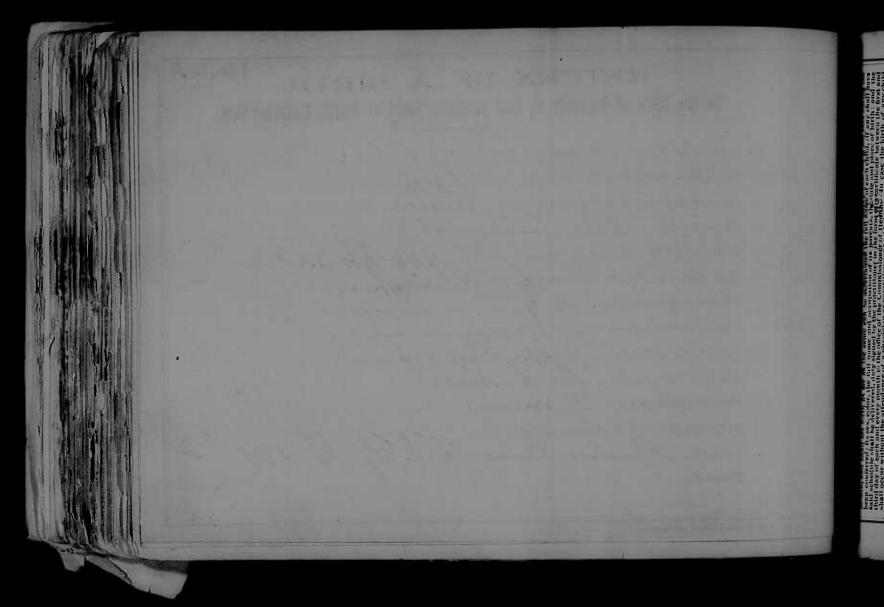


RETURN OF A BIRTH.

L06038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

IVO	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 1 ton Jedune 18 49
4.	Place of Birth, (Street and Number) Things St. 5-19
5.	Full Name of Mother, Ruraline Street
6.	Mother's Maiden Name, Mall
7.	Mother's Birthplace, Jonnes willo
8.	Full Name of Father, Jacks String .
9.	Father's Occupation,
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who
	Address, Finding Thomas Jal & Wall
	Remarks,



RETURN OF A BIRTH L00099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

110.	5, October 6, Mother, (State whether 18t, 2a, 3a, &c.)
1.	Sex, (state whether male or female) Male
2.	Race or Color, (if not of the white race) Coloncl
3	Date of Birth, Leb 10 1892
	Place of Birth, (Street and Number) 11 20 Stockson St
5.	Full Name of Mother, Christina From
6.	Mother's Maiden Name, Chistene Brown
	Mother's Birthplace, Linchbro Va
8. 1	Full Name of Father, William From
9. 1	Pather's Occupation, Driver
(). <i>I</i>	Tather's Birthplace, Cearral Cont mdl
1	Tame of Medical Attendant, or other person who Lucinda Milchel
	adress, 1207 Smith St
	Pemarks,

RETURN OF A BIRTH LOCIO

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state 1. Sex, (state whether male or)	female	J
2. Race or Color, (if not of th		<u> </u>
3. Date of Birth,		b 26 -
4. Place of Birth, (Street and		Fort a.
5. Full Name of Mother,		lia Guloke
6. Mother's Maiden Name,		n i
7. Mother's Birthplace,		· · · · · · · · · · · · · · · · · · ·
8. Full Name of Father,		- 1-12 × N
9. Father's Occupation,		1. July ne
(). Father's Birthplace,		4
Name of Medical Attendant,		7an
Address,	makes this Return,	B
Remarks,		Buyso,

RETURN OF A BIRTH. LOLIO1 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 14. 1. Sex, (state whether male or female)... 2. Race or Color, (if not of the white race) White JEbuay 23rd 1892 3. Date of Birth, 4. Place of Birth, (Street and Number) 1134 Barclay 11. Patte V Hamel, 5. Full Name of Mother, 6. Mother's Maiden Name, Pattie V Clark 7. Mother's Birthplace,... York Pa John J. Hamil 8. Full Name of Father, 9. Father's Occupation, ... Conductor on the n.C. R. Read 10. Father's Birthplace, York Pa Name of Medical Attendant, or other person who Wilmer Bimton. m.o. Address. SW. Con lealnest & Preston Its Remarks.

RETURN OF A BIRTH. LOGIO2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Sex, (state whether male or female).
2.	Race or Color, (if not of the white race) white
3.	Date of Birth, hel 18th. 1892
4.	Place of Birth, (Street and Number) 1231 Chew J.
5.	Full Name of Mother, Bette Jucky
6.	Mother's Maiden Name, BEttie Stein
7.	Mother's Birthplace, German
8.	Full Name of Father, It smy Juch
9.	Father's Occupation, Baker
10.	Father's Birthplace, Germany
	Name of Medical Attendant, or other person who Wilmer Bonton. makes this Return,
	Address, S. W. Cor, lealment and Prestow Si.
	Remarks,

WM. J. C. DULANY & OO , GITY PRINTERS AND STATIONERS:

RETURN OF A BIRTHA LOCATOR To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female)... 2. Race or Color, (if not of the white race) 3. Date of Birth, Jeb, 14th. 1892 4. Place of Birth, (Street and Number).... 140 4 Entaw Placed 5. Full Name of Mother, Theresa H. Thompson! 6. Mother's Maiden Name,... Meresa H. Gone 7. Mother's Birthplace,... Carroll les mos Ohas & Thompson 8. Full Name of Father, 9. Father's Occupation, Doctor of medicine 10. Father's Birthplace, Somhester Co. 4nd Name of Medical Attendant, or other person who makes this Return. Wilmer Brinten mo Address, S. W. Cor. Coalvert + Breston Stor Remarks.

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RETURN OF A BIRTH LOGICAL

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

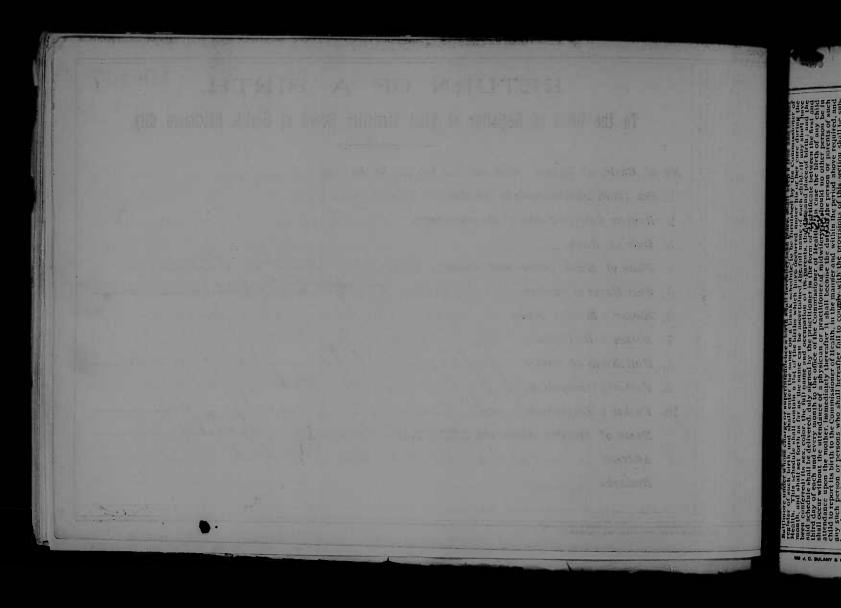
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3. Date of Birth,	
4. Place of Birth, (Street and Number)	1111 Former Place
5. Full Name of Mother,	Filma C. Boroks
6. Mother's Maiden Name,	Fibra Couch
7. Mother's Birthplace,	Balling med
8. Full Name of Father,	Cos. W. Brank
9. Father's Occupation,	blerk
0. Father's Birthplace,	Baltimone Ind.
Name of Medical Attendant, or other person	1 who Wilmer Brinton m. o
Address,	I. W. Con lealnest + Prouton Sti
Remarks,	· ·

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RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race) 6062 3. Date of Birth,... 4. Place of Birth, (Street and Number) 1321 11-25 5. Full Name of Mother, lame Actit Believen Homo 6. Mother's Maiden Name, 7. Mother's Birthplace, ... SR-marin Courty Con 8. Full Name of Father, It fire on Houghdest Handy 9. Father's Occupation, Common Com 10. Father's Birthplace Al mosey County lack Name of Medical Attendant, or other person who Quaria Sources 1337 Whater Stilled Address, Remarks.

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

_N	o. of Child of Mother, (state whether 1st, 2d,	3d, &c.) 4
1	. Sex, (State whether male or female).	Temel
2	Race or color, (if not of the white race)	White
	B. Date of Birth,	Jebry 29 4 1892
4	. Place of Birth, (Street and Number)	1408 mullery
	i. Full Name of Mother,	annie S. Sale
6	Mother's Maiden Name,	annie Thevens
7	. Mother's Birthplace,	ma_
8	Full Name of Father,	wur. fale
g	. Father's Occupation,	R.R. Conduction
10	. Father's Birthplace,	Mongland
	Name of Medical Attendant, or other person who	Harriey Hile und
	Address,	807 v. aslilghi an
	Remarks,	0

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RETURN OF A BIRTH LOGIOS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	ontitud by Mother, (state whether 1st, 2d, 3d, &c.)
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2. R	ace or Color, (if not of the white race)
	ate of Birth, 17 Teburry 1899
	lace of Birth, (Street and Number) 1 /3 2 6 Whatiant At Ball
5. F	ull Name of Mother, Sallie Smith
6. M	other's Maiden Name, Sallie Hacket
7. M	other's Birthplace, - Howard Brush Atd
8. Fr	Ill Name of Father, Charles Emitte
9. Fo	other's Occupation, Coachman
10. Fa	other's Birthplace, Showard Bounty and
IV a	me of Medical Attendant, or other person who have gones
	dress, 1337 Whater & ALROLL.
Re	marks,

SM.J.O. DULANY & OD , CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH. LOGIO9 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race)..... 3. Date of Birth, 4. Place of Birth, (Street and Number) No 1344 Whole oat atel ballings 5. Full Name of Mother; Annie touter brooks 6. Mother's Maiden Name, Annie Look 7. Mother's Birthplace, howard county NID 8. Full Name of Father, Bln Blook 9. Father's Occupation, Common lobor 10. Father's Birthplace, Baltimore Mip Name of Medical Attendant, or other person who Maria Jouls Address, 1337 wholfoat Remarks.

WHI. U.C. DULANY & OD , CITY PRINTERS AND STATION

RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 1. Sex, (state whether male or female)... 2. Race or Color, (if not of the white race) white 3. Date of Birth, 4. Place of Birth, (Street and Number) (palhoun & 1322 5. Full Name of Mother, Many Henrietta Herling 6. Mother's Maiden Name, Makry Henrietta Frederick City M. Tal 7. Mother's Birthplace,... 8. Full Name of Father, Mucheal Herthing 9. Father's Occupation. Currier Manchester, Mass, 10. Father's Birthplace, Name of Medical Attendant, or other person who Haria Gones Address, 1337 What coat SH Remarks.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth,
4.	Place of Birth, (Street and Number)
5.	Full Name of Mother,
6.	Mother's Maiden Name, / with
7.	Mother's Birthplace, Courte Control .
8.	Full Name of Father, Allege Server
9.	Father's Occupation, Maiter
0.	Father's Birthplace, Control
	Name of Medical Attendant, or other person who will be the section.
	Address, 1/2/ Usas Gerace 12
	Remarks,

WM. J. C. BULANY CO CITY PRINTERS AND STATIONS

	RETURN OF A BIRTH. LOG
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	2. Race or Color, (if not of the white race)
	3. Date of Birth, /nch. of g z
	4. Place of Birth, (Street and Number) 84
	5. Full Name of Mother, Unulea Odensch
	6. Mother's Maiden Name,
	7. Mother's Birthplace,
the second secon	8. Full Name of Father, Manne & Bursch
	9. Father's Occupation, Murchaul
	10. Father's Birthplace, Botherman &
	Name of Medical Attendant, or other person who
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	Wm J C. Dulany Co., City Printers and Stationers.

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inter in the man in the rectification of the man in the man in the man in the rectification of the rectification o	5. Full Name of Mother, harfaut. Peach
meen in the party of the party	6. Mother's Maiden Name,
tree and tre	7. Mother's Birthplace, Ozafo.
angeria angeria an a angeria an a angeria angeria angeria angeria angeria angeria angeria angeria angeria angeria angeria	8. Full Name of Father, Allian J. Peach
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to the standard of the standar	10. Father's Birthplace, Beello.
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WM. J. C. DULANY & CO , CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH LUCI15

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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The sail name to the following the sail of a plusion in the sail is signed to the sail here or each	8.	Full Name of Father, Prank. C. Malston
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	4. Place of Birth, (Street and Number) 5/6 h Eden 26 5. Full Name of Mother, have a house of the street of the st
	9. Father's Occupation. 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return.
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	HM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. L06317 To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Samuel Manner Sex, (state whether male or female)_____ 2. Race or Color, (if not of the white race) 3. Date of Birth, 4. Place of Birth, (Street and Number) 123 Rash St. Balto and. 5. Full Name of Mother, Toba Marmor Vota Filer 6. Mother's Maiden Name, 7. Mother's Birthplace, Chusera 8. Full Name of Father, Herman Mumor 9. Father's Occupation, Cassamentry worker 10. Father's Birthplace, Trussia Lan Barber Name of Medical Attendant, or other person who makes this Return, Address, Remarks,

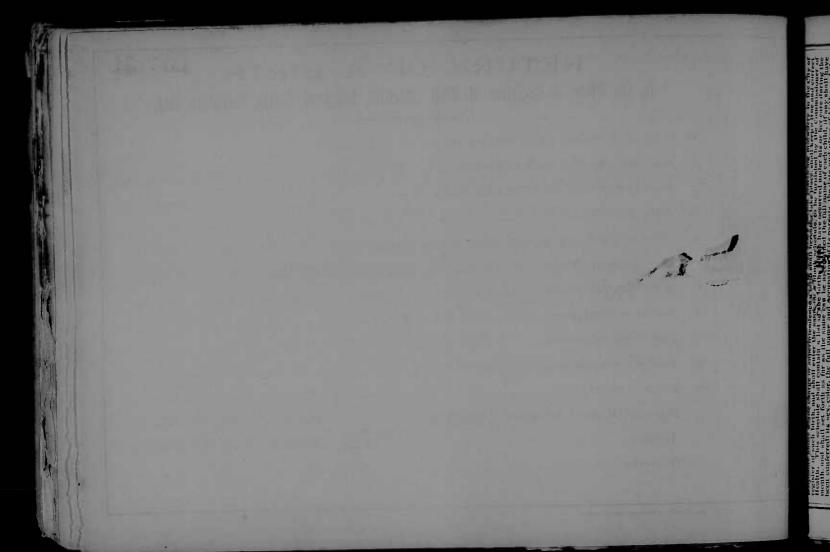
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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
4. Place of Birth, (Street and Number) # 41
5. Full Name of Mother, 6. Becker 1991 6. Mother's Maiden Name,
7. Mother's Birthplace, B. Ilo M. 8. Full Name of Father, And April Berlie
9. Father's Occupation, service of the state
Name of Medical Attendant, or other person who
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RETURN OF A BIRTH. Lings To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother. (state whether 1st. 2d. 3d. &c.) ______ 1. Sex. (state whether male or female) rusts 2. Race or Color. (if not of the white race) Il rate 3. Date of Birth. March. 45, 1892 4. Place of Birth. (Street and Number) 1 Bernances Lt. 5. Full Name of Mother. Dorothy Church Forly 6. Mother's Maiden Name Donothy and Mikingw 7. Mother's Birthplace. Quelle Co. 8. Full Name of Father. Muchael to tooling 9. Father's Occupation. - fatures 10. Father's Birthplace. Dalle Ge 1 13 Amellus W. B. Name of Medical Attendant, or other person who makes this feature. Address. Remarks ...

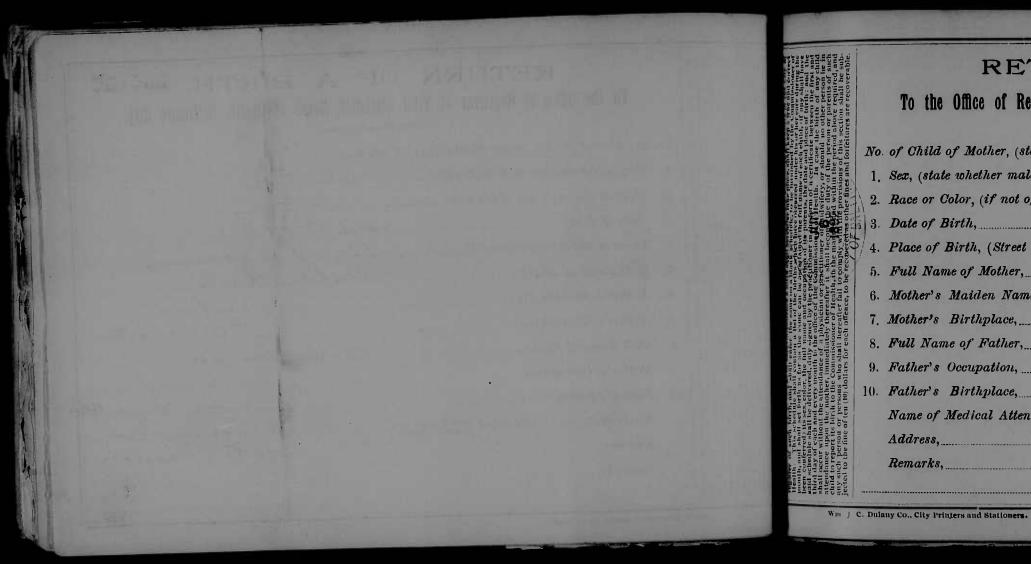
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	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	2. Race or Color, (if not of the white race) White
	Place of Birth, (Street and Number) & Kasanth St.
	6. Mother Maiden Name, I regay 7. Mother's Birthplace, Sutty and Tried
	8. Full Name of Father, Ahr Maschered
	9. Father's Occupation, Dutch of the state o
	Name of Medical Attendant, or other person who Name of Medical Attendant, or other person who Address, Address,
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RETURN OF A BIRTH. LOCIZZ
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex, (state whether male or female) Male
2.	Race or Color, (if not of the white race)
3.	Date of Birth, Inarch 13Th 1892
	Place of Birth, (Street and Number) 1520 N Walf
5.	Full Name of Mother, Rank Guston
	Mother's Maiden Name, Nichols
	Mother's Birthplace, Sover & Mis
	Full Name of Father, Ohn Huston
	Father's Occupation, Juschinist
10.	Father's Birthplace, Pronie George &.
• 1	Name of Medical Attendant, or other person who BBleing Le
	Address, 1206 6. Pro 62
	Remarks,

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.



RETURN OF A BIRTH.

L00123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

LVC	o. of Unita of Mother, (state whether 1st, 2a, 3a, &c.)
1	Sex, (state whether male or female)
2	Race or Color, (if not of the white race)
3 3	Date of Birth,
	Place of Birth, (Street and Number) 15 W. Lombard 64
5.	Full Name of Mother,
6	Mother's Maiden Name,
7.	Mother's Birthplace, 20. 22
8.	Full Name of Father,
9.	Father's Occupation,
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who Charles the English Edition
	Address,
	Remarks,

RETURN OF A BIRTH. LOGIZA
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) (Tavius) 2 malzo
2. Race or Color, (if not of the white race)
3. Date of Birth, 3. 6. 92
4. Place of Birth, (Street and Number) //5 Zu Long and St
5. Full Name of Mother, Lucinda Comero
6. Mother's Maiden Name,
7. Mother's Birthplace, Dirgina
8. Full Name of Father,
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10 Father's Rightlage
Name of Medical Attendant, or other person who hards for 522 521 8
Address, makes this Return,
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	RETURN OF A BIRTH. LOCALES
Parties and Angeles and Angele	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
	1. Sex, (state whether male or female) Ferm
	2. Race or Color, (if not of the white race)
	3. Date of Birth, 3 - 15-92
	4. Place of Birth, (Street and Number) /5 71 Logue ard
	5. Full Name of Mother, Cordle & Raselle
	6. Mother's Maiden Name,
	7. Mother's Birthplace,
	8. Full Name of Father,
	9. Father's Occupation,
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	Name of Medical Attendant, or other person who
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Commission of the commission o	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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The control of the co	1. Sex, (state whether male or female) ————————————————————————————————————
	2. Race or Color, (if not of the white race) Book 3. Date of Birth, 3-14.92
	A. Place of Birth. (Street and Number) 15-21. Limbard
	5. Full Name of Mother, Sella norto.
A control of the cont	6. Mother's Maiden Name,
	7. Mother's Birthplace, Jirgine Q 8. Full Name of Father,
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 3-6-92
4. Place of Birth, (Street and Number) // 5-20. Jonator SX.
5. Full Name of Mother, Herriette murray
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
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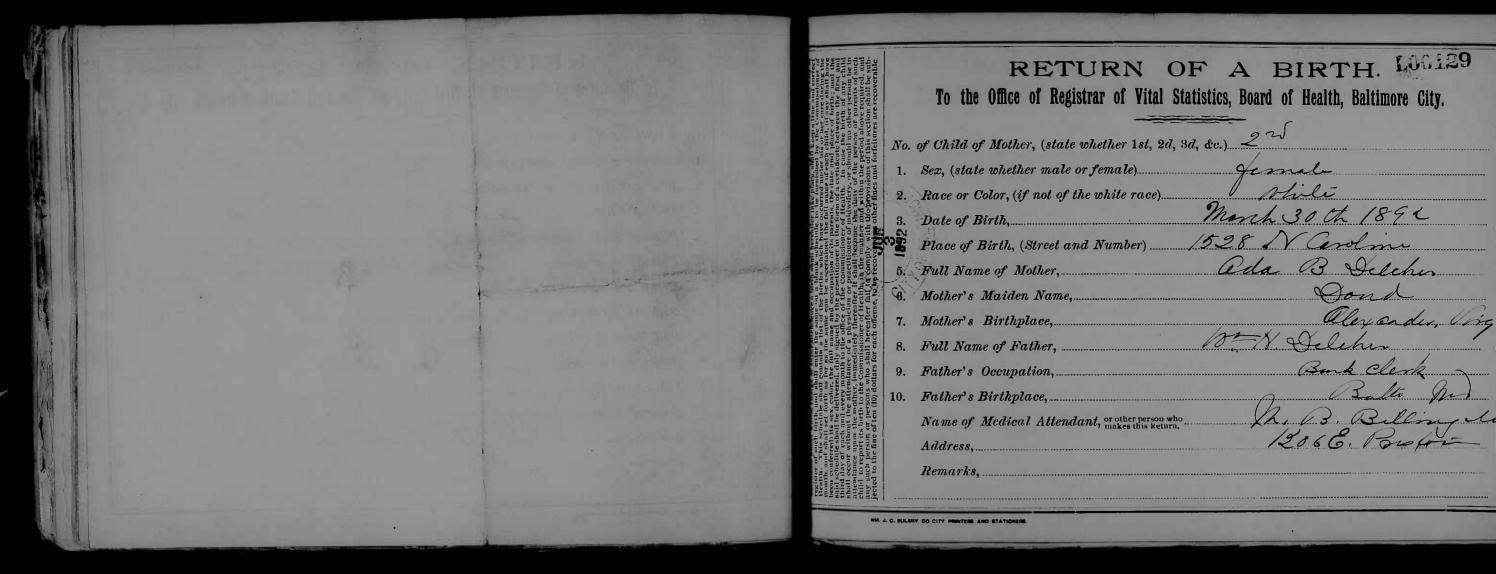
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RETURN OF A BIRTH.

L00128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.) It Sex, (state whether male or female) I was all
2.	Race or Color, (if not of the white race). White
3.	Date of Birth, Offarch 28th
4.	Place of Birth, (Street and Number) W. Lombard St 16 1038
5.	Full Name of Mother, Olizabeth Abory . Him me
• в.	Mother's Maiden Name, " Lock
7.	Mother's Birthplace, Ballinge
8.	Bull Name of Father, Edward . Hinerner
9.	Futher's Occupation, Piano Maker
10.	Father's Birthplace, Baltimore
	Name of Medical Attendant, or other person who Man. Solo ach
	Address, 735 W. Cratt. st
	Remarks,



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unde Secretory — And for fresher standard and under the standard the first standard and the standard standard the standard standard the first stan	8. Full Name of Father, 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other Person who makes this Return. Address, Remarks, Remarks,

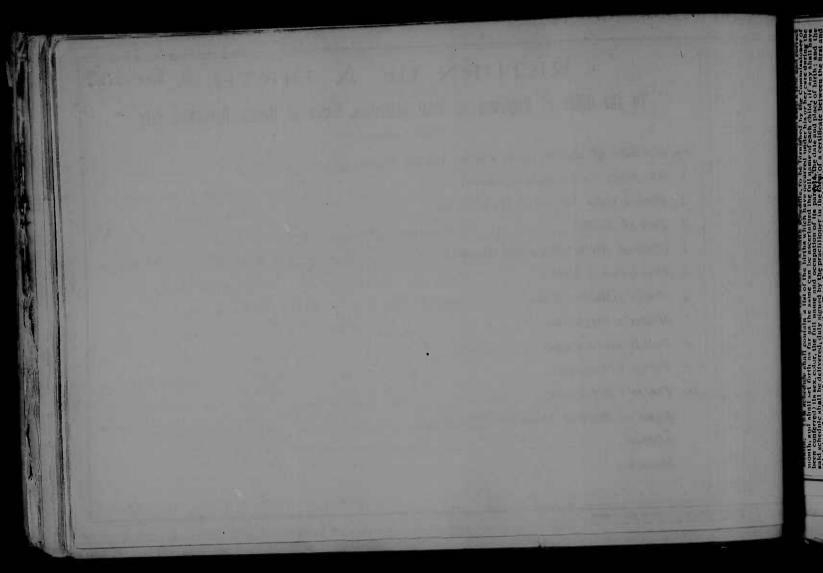
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		1. Sex, (state whether male or female)
		Race or Color (if not of the white race)
		122 12 12 12 12 12 12 12 12 12 12 12 12
		3. Date of Birth, A Place of Birth, (Street and Number) 425 Forrest St.
		5. Full Name of Mother, Pauline Coen
No.		6. Mother's Maiden Name, auline Ram
		To be
		8. Full Name of Father, Human Usen
December		9. Father's Occupation, Jinewith
	The second secon	10. Father's Birthplace, Russia
T. ACIA		Name of Medical Attendant, or other person who makes this Return,
-		Address, 115 W. Sombard St.
	And the second s	Remarks,
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No. of Concession,		Wm J C. Dulany Co., City Printers and Stationers.
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	No. of Child of Mother, (state whether 1st, 2d, 3d, &c)
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	6. Mother's Maiden Name,
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	Mana of Medical Attendant or other person who
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H. A L00132

, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
2 Date of Pinth
A Place of Rirth (Street and Number) 1220 \ cullect
5 Full Name of Mother, Aclass V. Gayer
6. Mother's Maiden Name, Helan Vogle
7. Mother's Birthplace, Salo
o Full Name of Pather Sel C. George
o Father's Occupation. It dedo merchant
10. Father's Birthplace, Bas fo,
Name of Medical Attendant, or other person who
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Remarks,



	RETURN	OF	A	BIRTHA	L00133
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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1.	1. Sex, (state whether male or female)	Male
2.	2. Race or Color, (if not of the white race)	Negro
3.	3. Date of Birth,	uch 25th /892
4.	4. Place of Birth, (Street and Number) 2015	ing a stopital
5.	5. Full Name of Mother, Sec.	Corregion and
6.	6. Mother's Maiden Name,	
7.	7. Mother's Birthplace, # 1/19 Bir	allow So
8.	8. Full Name of Father,	
9.	9. Father's Occupation,	
10.). Father's Birthplace,	10 1 MN
	Name of Medical Attendant, of other person who makes this Return,	15 lunch "
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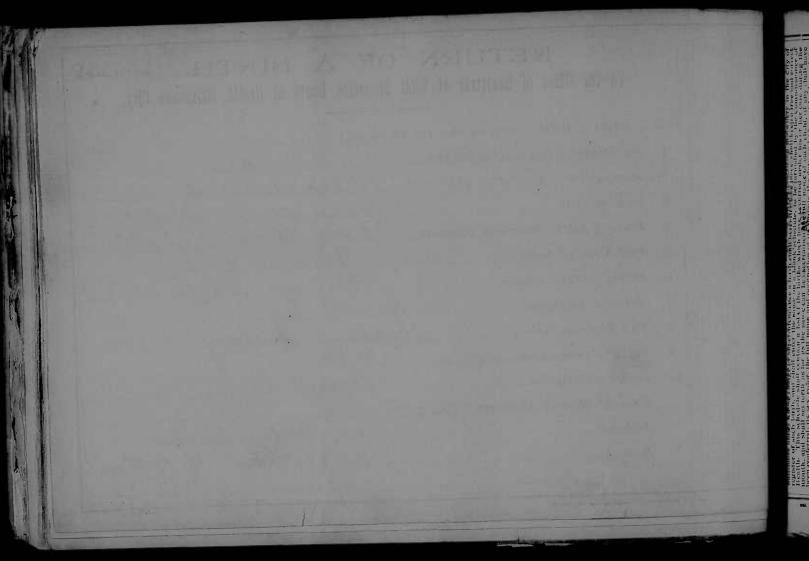
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RETURN OF A BIRTH. LOGIST To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) Take Colored
3.	Date of Birth, Inarch 13 42 Click/892
4	Place of Birth, (Street and Number) 624 Stockton St Baltinese
5	Full Name of Mother, House Dorsey
6.	Mother's Maiden Name, House Shypard
	Mother's Birthplace, Carell Co
	The Name of Buthon Stophers Donath
9.	Father's Occupation. Labor
10.	Father's Birthplace, Honrid Co
	Name of Medical Attendant, or other person who makes this Return.
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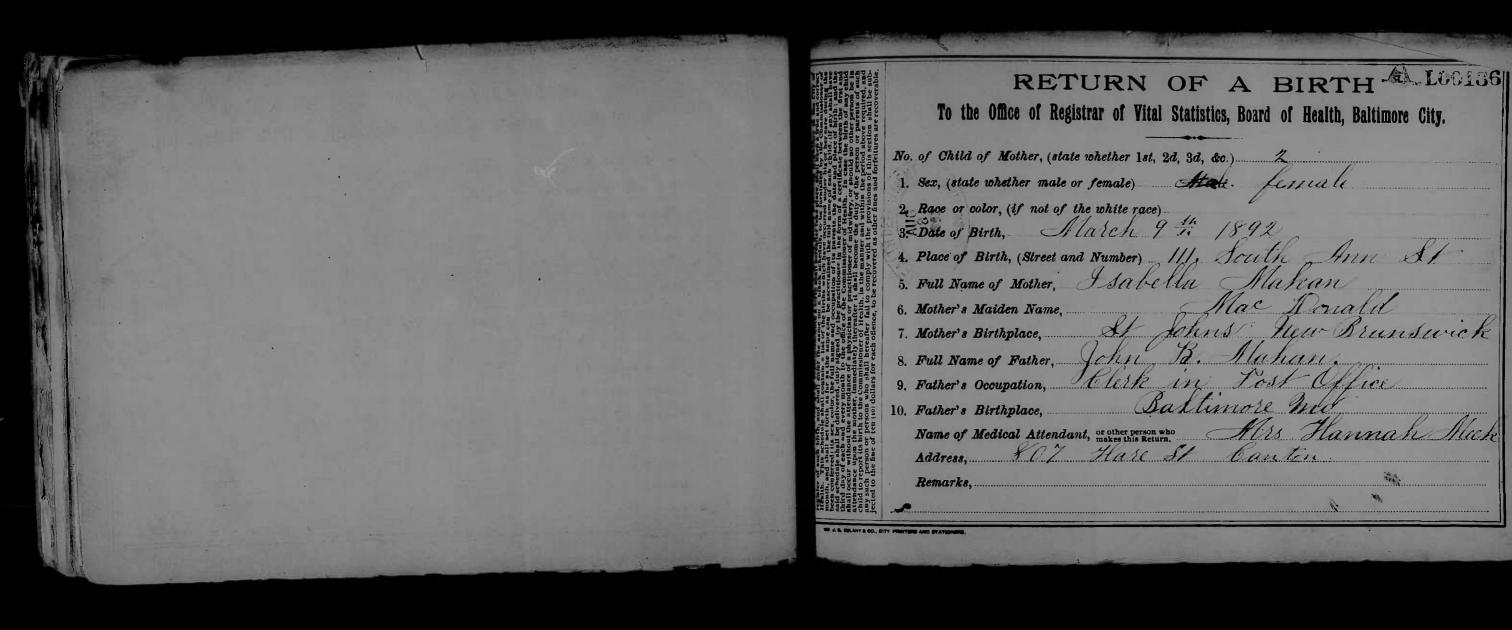


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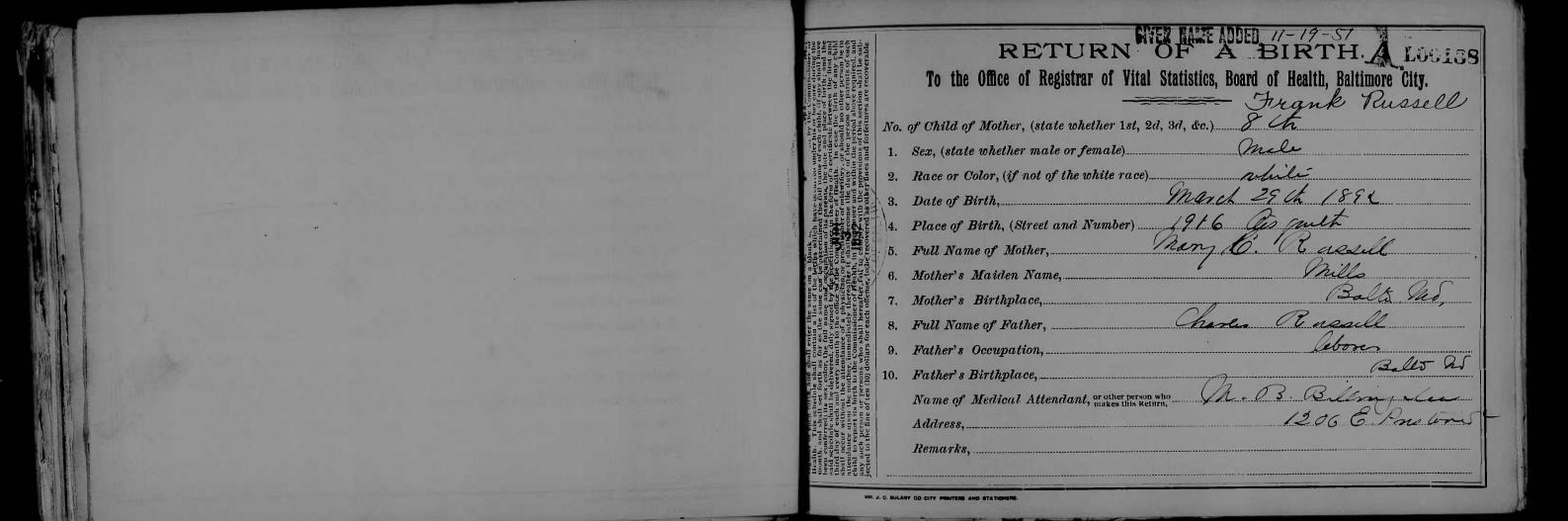
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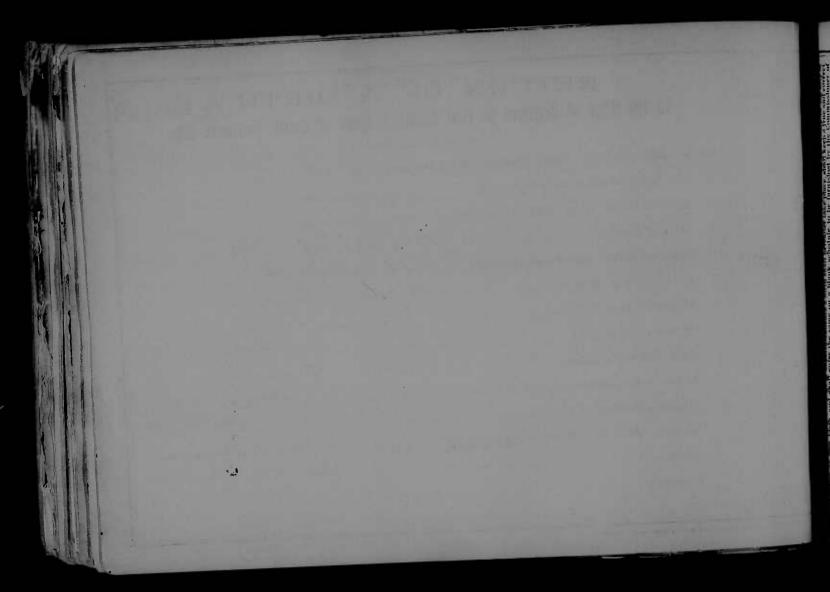
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	RETURN OF A BIRTH. LOUIS?
	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	1. Sex, (state whether male or female)
	2. Race or Color, (if not of the sphite race)
	3. Date of Birth, Merch 30 th 76 8 two poults 4. Place of Birth, (Street and Number)
	5. Full Name of Mother, Grogoma Re Gull
	6. Mother's Maiden Name,
	7. Mother's Birthplace, 8. Full Name of Father,
	S. Father's Occupation, Nolls Pather's Occupation,
The second secon	Hart State of the
	Name of Medical Attendant, or other person who In State of Medical Attendant, makes this Return, Address, Address,
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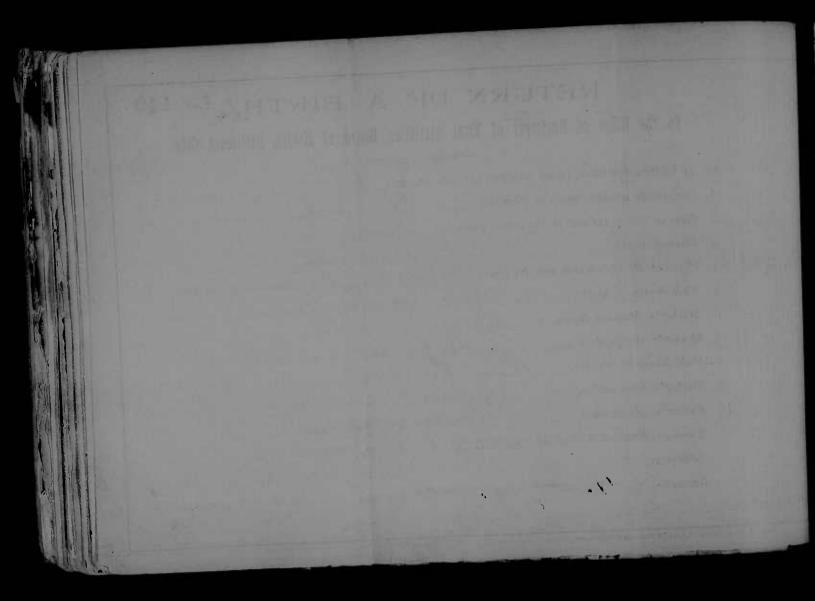


RETURN OF A BIRTH. ALCO139 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 1. Sex, (state whether male or female)..... whili 2. Race or Color, (if not of the white race)..... 3. Date of Birth, 4 Place of Birth, (Street and Number) 5. Full Name of Mother, 6 ropper 6. Mother's Maiden Name, 7. Mother's Birthplace,..... 8. Full Name of Father, 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who Address,.... Remarks, ...

WM. J. O. BULANY CO CITY PRINTERS AND STATIONES

RETURN OF A BIRTHA LOCATION OF TO the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sex, (state whether male or female)
3. Date of Birth, (Street and Number) Covered to Solarson S. 4. Place of Birth, (Street and Number) Kathelle
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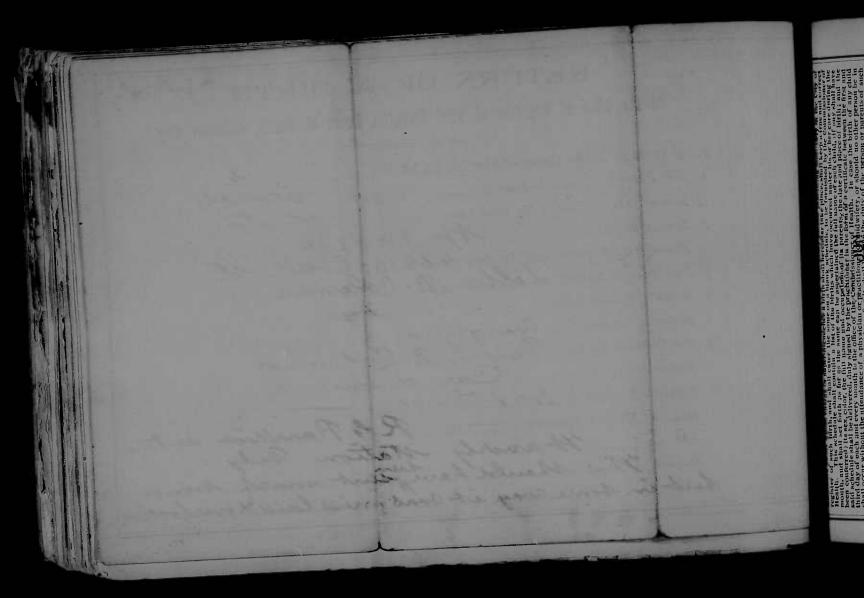


RETURN OF A BIRTH. LOGI41

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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1. Sex, (state whether male or female)
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6. Mother's Maiden Name,
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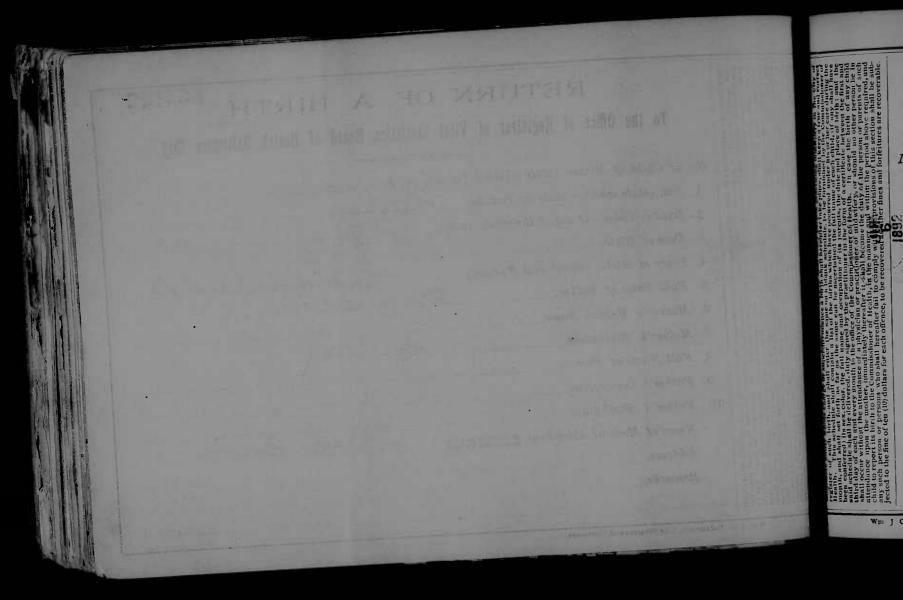


RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race)..... 3. Date of Birth, 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name, ... 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, ... 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address, Remarks,



RETURN OF A BIRTH. LOGI43

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1	Sex, (state whether male or female) Male
ä 0	Page or Color (if not of the white race)
1000 a	Date of Birth, 4. 13. 92
ě /4	Place of Birth, (Street and Number)
5.	Full Name of Mother, Elly Proun
g 6.	Mother's Maiden Name,
罗 7.	Mother's Birthplace, 27 £
8.	Full Name of Father,
9.	Father's Occupation,
10p 10.	Father's Birthplace, Name of Medical Attendant, or other person who Charles Gresselling Setting.
r pers	Name of Medical Attendant, or other person who makes this Return,
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To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st. 2d. 3d. de.) ...

1. Sex. (state whether male or female).....

2. Race or Color, (if not of the white race).

3. Date of Birth.

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace.

8. Full Name of Pather ...

9. Father's Occupation.

10. Father's Birthpluce.

Name of Medical Attendant, arother person who makes this Return.

Address.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 272

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 4. Place of Birth, (Street and Number)
4. Place of Birth, (Street and Number)
5. Full Name of Mother, 28 Jay Hardal
6. Mother's Maiden Name,
7. Mother's Birthplace, 224 Jay Hardal
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return,

Name of Medical Attendant, or other person who makes this Return,

Wm J C. Dulany Co., City Printers and Stationers

Address.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st. 2d. 3d. Ce.) ...

- 1. Sex. (state whether male or female)
- 2. Race or Color, (if not of the volite race).
 - 3 Date of Birth.
 - 4. Place of Birth. (Street and Number)
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 - 6. Mother's Maiden Name,
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 - 8. Rull Name of Pathers.
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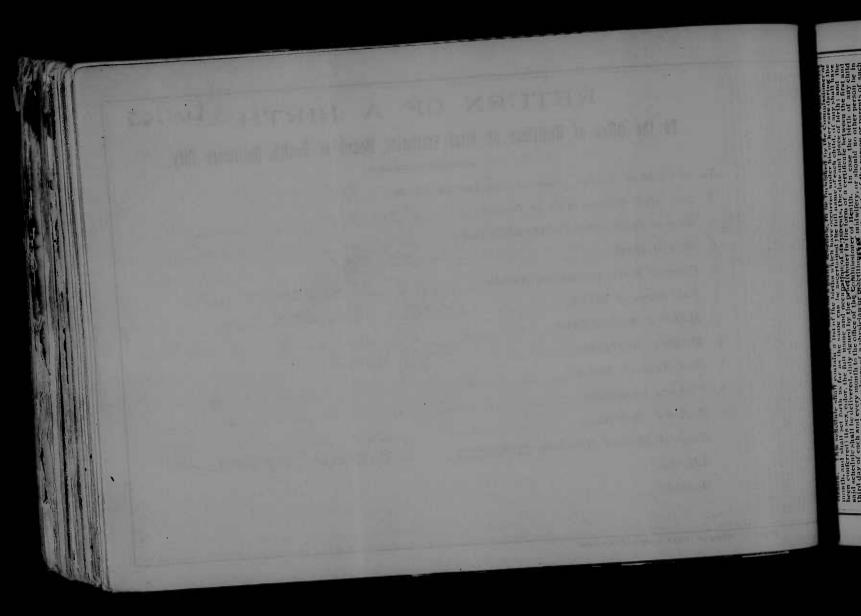
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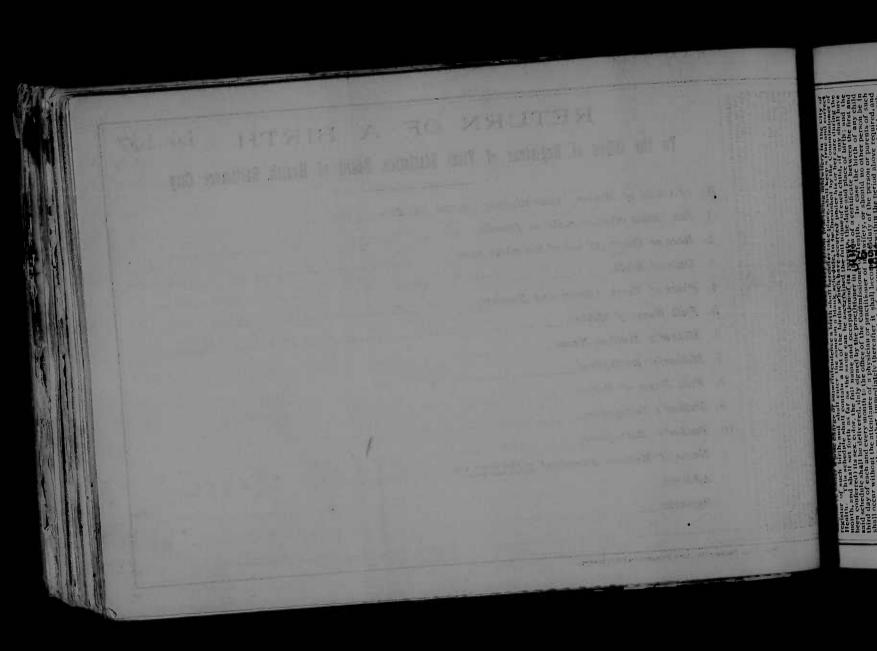
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ŀ	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
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	4. Place of Birth, (Street and Number) 15. 21. Lombard SX.
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	6. Mother's Maiden Name,
	7. Mother's Birthplace, England.
-	8. Full Name of Father,
	9. Father's Occupation,
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114.	Place of Birth, (Street and Number)
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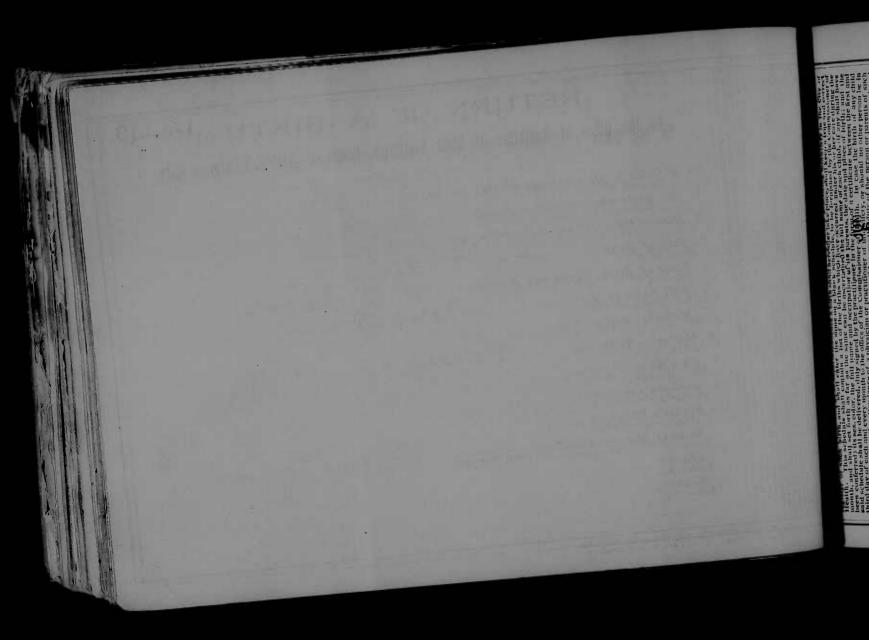
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5	Full Name of Mother, Ella MElly
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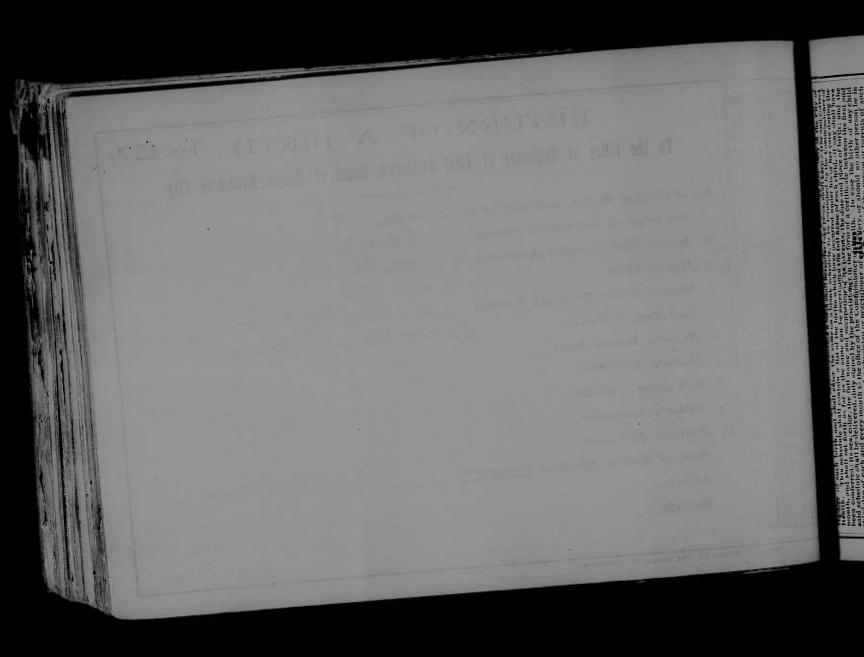
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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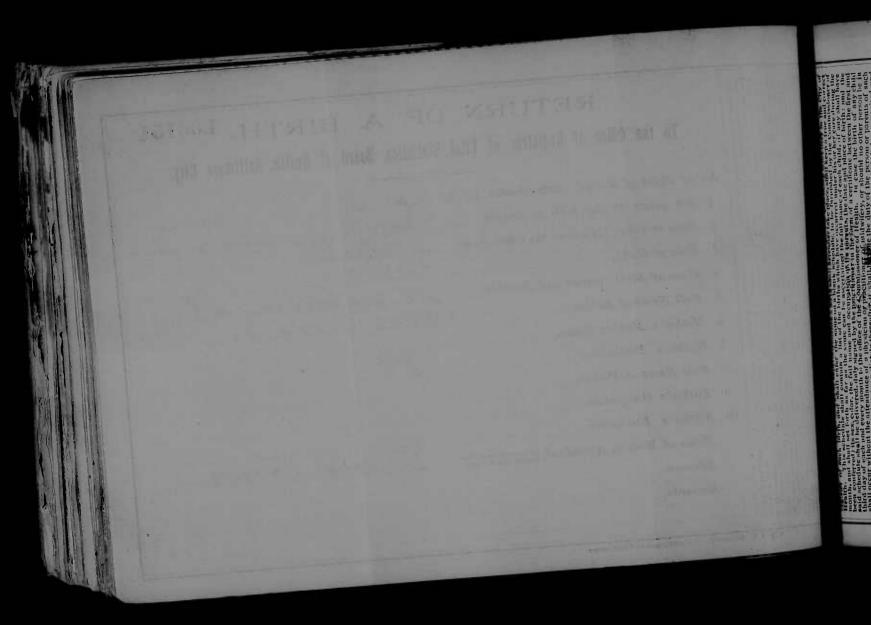
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

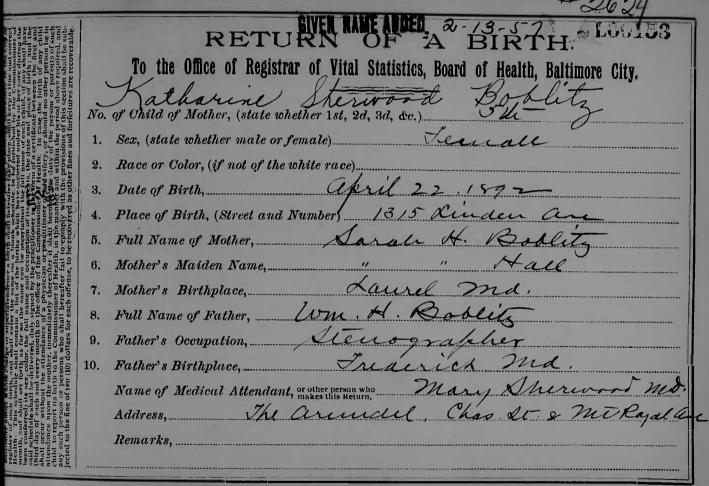
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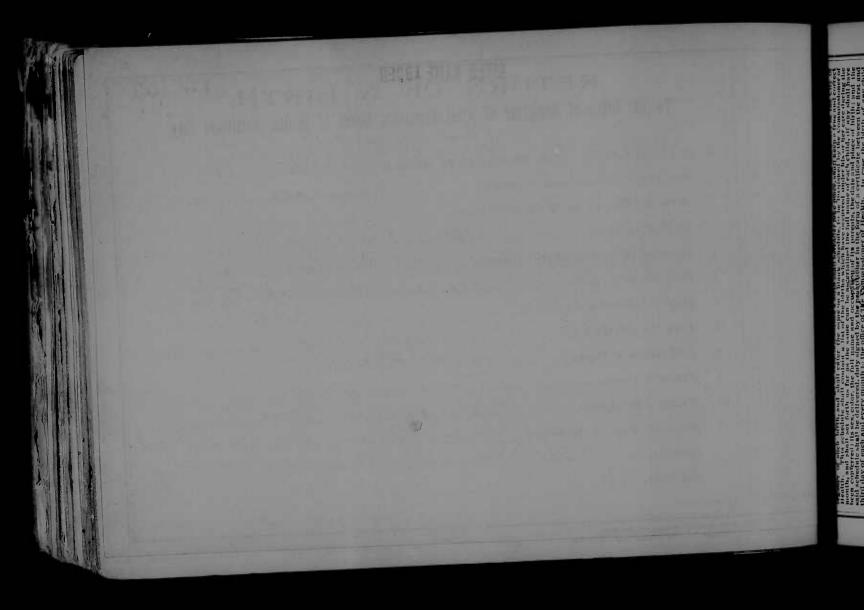


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8.	Full Name of Father,
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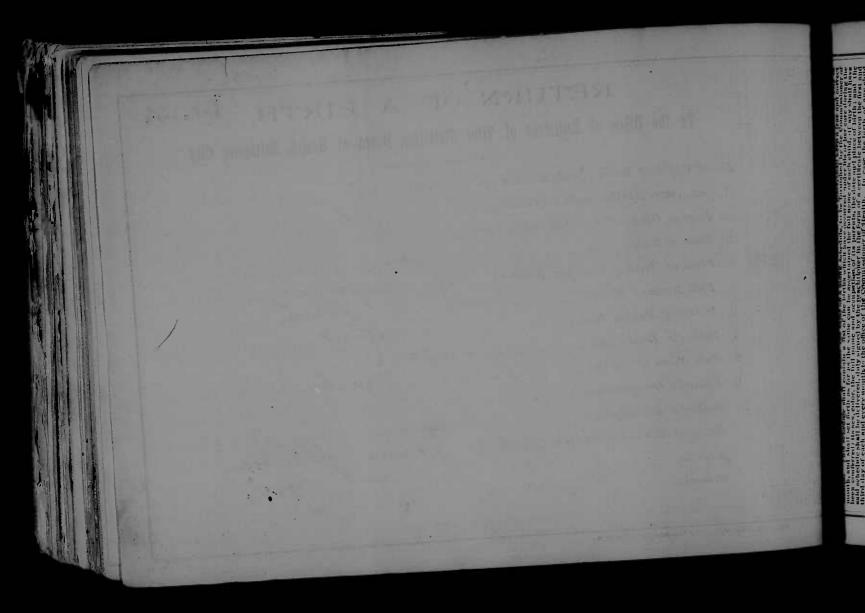




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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

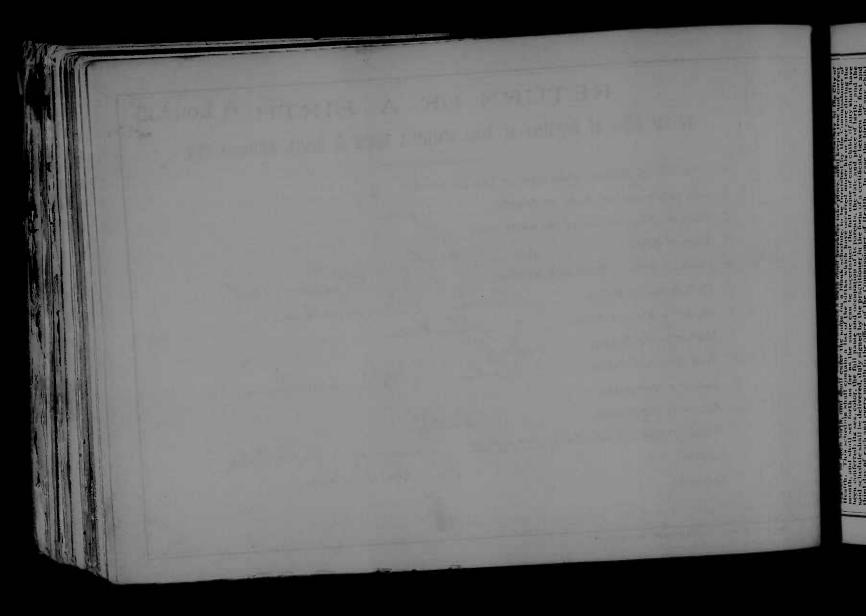
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	Full Name of Mother, Lineste Minch
6.	Mother's Maiden Name, = Alberg
7.	Mother's Birthplace, Germanie
8.	Full Name of Father, Lacob Winch
9.	Father's Occupation,
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	Name of Medical Attendant, or other person who Anna Walker
	Address, 928 / Cent Au
	Remarks,



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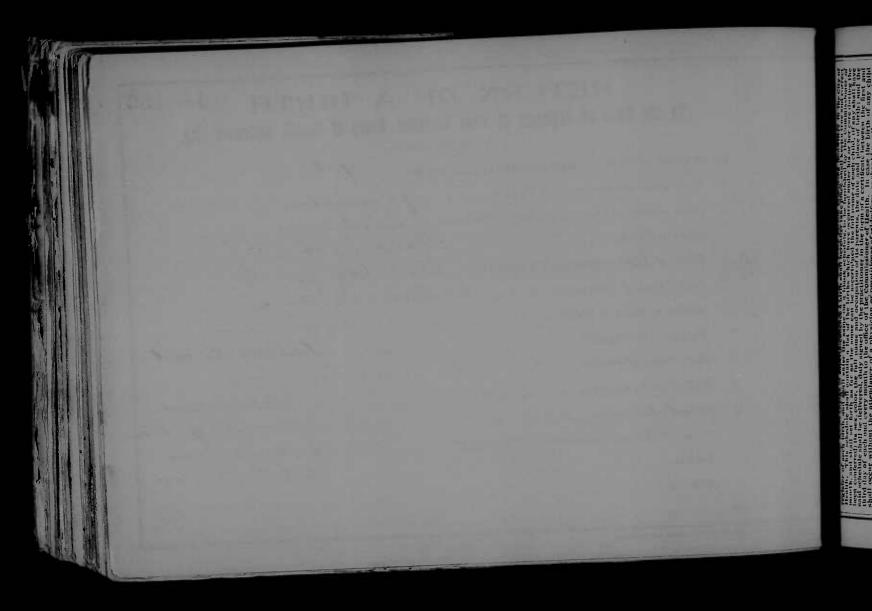
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2.	Race or Color, (if not of the white race)
3.	Date of Birth, 11 Avil
	Place of Birth, (Street and Number) 17/5 Sollas 1
	Full Name of Mother, Reinie Heinen Hein
6.	Mother's Maiden Name, - Thuber
	Mother's Birthplace, Ball.
8.	Full Name of Father, John Hoimmellein
9.	Father's Occupation,
	Father's Birthplace, Ball.
	Name of Medical Attendant, or other person who
	Address, 928 P. Cont. Ass.
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	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, March 1892
c45	Place of Birth, (Street and Number) 1608 Cis guich
5.	Full Name of Mother, Phallie Cese
6.	Mother's Maiden Name, Tilman
7.	Mother's Birthplace, Jalbort-Colkk
8.	Full Name of Father, Winfield Rees
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	Name of Medical Attendant, or other person who
	Address, 1206 E. Poro Con
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0	the	Office	of	Registrar	of	Vital	Statistics	s, Board	of	Health,	Baltim	ore	Citv.	

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2.	Race or Color, (if not of the white race) Shile
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	Place of Birth, (Street and Number) 1609 15/5 6 Townsend
5.	Full Name of Mother, Rezie Clements
. 4	Mother's Maiden Name, He bes Ce
7.	Mother's Birthplace, Leolambie Fa
8.	Full Name of Father, 6 harles 6 lements-
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	Name of Medical Attendant, or other person who M. B. Billing Le
	Address, 1206 & Pocolor
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WM. J. C. SULANY CO CITY PRINTERS AND STATIONERS.

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... Second 1. Sex, (state whether male or female) males 2. Race or Color, (if not of the white race) ... Colored 3. Date of Birth, April 17th 4. Place of Birth, (Street and Number) 1309 N. Fremont are. Mary Frances Vesley 5. Full Name of Mother, 6. Mother's Maiden Name, Mary Frances Phlins 7. Mother's Birthplace,... Harford County 8. Full Name of Father, Olijah Werley 9. Father's Occupation, 10. Father's Birthplace, Howard County Name of Medical Attendant, or other person who makes this Return. Address, Remarks.

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The state of the County of the	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 3. Dute of Birth, 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 8. Full Name of Father,
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	Date of Birth, Phal 204 92
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5.	Full Name of Mother, Rachel Gold berg
	Mother's Maiden Name, - Gazonofiles
7.	Mother's Birthplace, Pussia
-	Full Name of Father, Mayer Gold Long
ž a	Father's Occupation, Baker
	Father's Birthplace, Pussia
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c reco	5. Full Name of Mother, Machel Levil
6, 10 1	6. Mother's Maiden Name, Selshisofan
OHER	7. Mother's Birthplace, Russia
1 516	8. Full Name of Father, Louis Livila
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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5./	Full Name of Mother, Duna - Luchtler =
6.	Mother's Maiden Name, - Christine
7.	Mother's Birthplace, Cussia
8.	Full Name of Father, Louis Faclitte, -
9.	Father's Occupation, Barter
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	Name of Medical Attendant, or other person who
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RETURN OF A BIRTH A LOGITZ

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
	Race or Color, (if not of the white race) Regro
3. 1	Date of Birth, While 27 nd 159.
4. 1	Place of Birth, (Street and Number) 1 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Full Name of Mother, Summia
6. 1	Mother's Maiden Name,
7. A	Solher's Birthplace, ///6 Jankin all
8. F	full Name of Father,
9. F	Tather's Occupation,
10. F	Cather's Birthplace,
20	ame of Medical Attendant, or other person who
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Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTHA LOGITS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, Opic 15th 1892
4.	Place of Birth, (Street and Number) MI Riging in Ampital 817 Linda and
5.	Full Name of Mother, Lika Phic
6.	Mother's Maiden Name,
7.	Mother's Birthplace, Cecie Count
8.	Full Name of Father,
9.	Father's Occupation,
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return.
	Address,
	Remarks,

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RETURN OF A BIRTH. A LOCATA To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

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the but the bu	6. Mother's Maiden Name, " (Marie) (Reichne) Regner
in of the control of	7. Mother's Birthplace, M. Baltimode
the system of a plant	8. Full Name of Father, Michael Abiet & Gynch
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The form of the factor of the	3. Date of Birth, 20 April
436	4. Place of Birth, (Street and Number)
min the wind with the wind wind wind wind wind wind wind wind	5. Full Name of Mother, Hary Marie Limkovak Symkowiah
the life d occur the pro of the pro out or pro entley; I fall the ce, to b	6. Mother's Maiden Namel and Marie Jaskovak
int of	7. Mother's Birthplace, Bairn
of a planting of	8. Full Name of Father, Johan (Simkovák) John Szympowiah
far at the	9. Father's Occupation, Arlajh
color- color- color- cery manual attend other, to the	10. Father's Birthplace, Crajan
heding hed hed hed hed hed hed hed hed hed hed	Name of Medical Attendant, or other person who makes this Return,
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monn monn maid maid sharid sharid child any su ected	all name of child - George Szumkonwick.
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RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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1. Sex, (state whether male or female)	Oin
2. Race or Color, (if not of the white race	ce) Nais
3. Date of Birth,	20 Dril
4, Place of Birth, (Street and Number).	
5. Full Name of Mother,	Aosa Kafrila
6. Mother's Maiden Name,	Rosa Hruskova
7. Mother's Birthplace,	Osterajoh 200
8. Full Name of Father,	Jun Korda
9. Father's Occupation,	Delajh
10. Father's Birthplace,	O Sorly of
Name of Medical Attendant, or other person	su who
Address,	Marie Freth
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1	f Child of Mother, (state whether 1st, 2d, 3d, &c.)
	ex, (state whether male or female) Medchen
2. R	cace or Color, (if not of the white race).
3. D	ate of Birth, 20 Spril
4. P	lace of Birth, (Street and Number) & Bow str. 845
5. F	'ull Name of Mother, Marie Sukushinak
6. M	Tother's Maiden Name, Marie Pribrisecka
8. F	other's Birthplace, Prajan ull Name of Father, Sallert Sukushinak
9. F	ather's Occupation.
10. F	ather's Birthplace, Prajan
7.7	ame of Medical Attendant or other person who
A	emarks, Mearic Shell
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Listing Co.	4. Place of Birth, (Street and Number) Leaster In 1604 5. Full Name of Mother,
rillian particular commercial recent recent recent recent recent	5. Full Name of Mother, Merie Frising
The Property of the Property o	6. Mother's Maiden Name, Sparie Sindeler
	7. Mother's Birthplace, Bothmen
rend by start of the start of t	8. Full Name of Father, Frank's OK Riesiaa
far in the fact of	9. Father's Occupation, Orbajk
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to the state of th	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
The state of the s	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Race or Color, (if not of the white race) 276. Le 3. Date of Birth, 247.
Second Sec	4. Place of Birth, (Street and Number) 20 f. Ob cosh flows. 5. Full Name of Mother, Ella Cosh
A Comment of the comm	6. Mother's Maiden Name, Discontinues, 1. Mother's Birthplace, Research
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The state of the s	10. Father's Birthplace, Name of Medical Attendant, or other person who hand the father than
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RETURN OF A BIRTH. LOGIST

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.) Zel
1.	Sex, (state whether male or female)
	Race or Color, (if not of the white race) white
3.	Date of Birth, April 22, 1892.
4.	Place of Birth, (Street and Number) 83, C. Asymital
5.	Full Name of Mother, Esliger Mollman
6.	Mother's Maiden Name,
7.	Mother's Birthplace, Gurage
8.	Full Name of Father, Siele Wollman
	Father's Occupation,
0.	Father's Birthplace, Euryse
	Name of Medical Attendant, or other person who May Cacilie Bonnestein
	Address, 122 S. Exetes str
	Remarks,

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commission of birth and ween the figure of t	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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Knames Charles	2. Race or Color, (if not of the while race).
me mine mine mine mine mine mine mine mi	3. Date of Birth, Afric 17 th 1892
A CANADA	4. Place of Birth, (Street and Number) 1329 Pressen as
Thus we have the property of t	5. Full Name of Mother, Leva Holison
The Property of the Property o	6. Mother's Maiden Name, Leva Reeg
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m a name of the control of the contr	8. Full Name of Father, Fred Holicage
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Jacob n meling 8. Full Name of Father, in fredrick mo 9. Father's Occupation,

10. Father's Birthplace, Name of Medical Attendant, or other person who Elizebeth tearbraigh Address, efo 12 montgumry N

Remarks.

6. Mother's Maiden Name.

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Authorise of with within provise er fine	2. Race or Color, (if not of the white race) White
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hrank hravit ntien ectition occupi scittio comp	5. Full Name of Mother, Emma Exilit Fieller
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RETURN OF A BIRTH. LOGISS
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
The position of the state of Mother, (state whether 1st, 2d, 3d, &c.) 4 build 1892
1. Sex, (state whether male or female)
Race or Color, (if not of the white race)
3. Date of Birth,
Place of Birth, (Street and Number) 227 South baraline Street
5. Full Name of Mother, Manuel of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace, 8. Full Name of Father, 8. Full Name of Father,
9. Father's Occupation,
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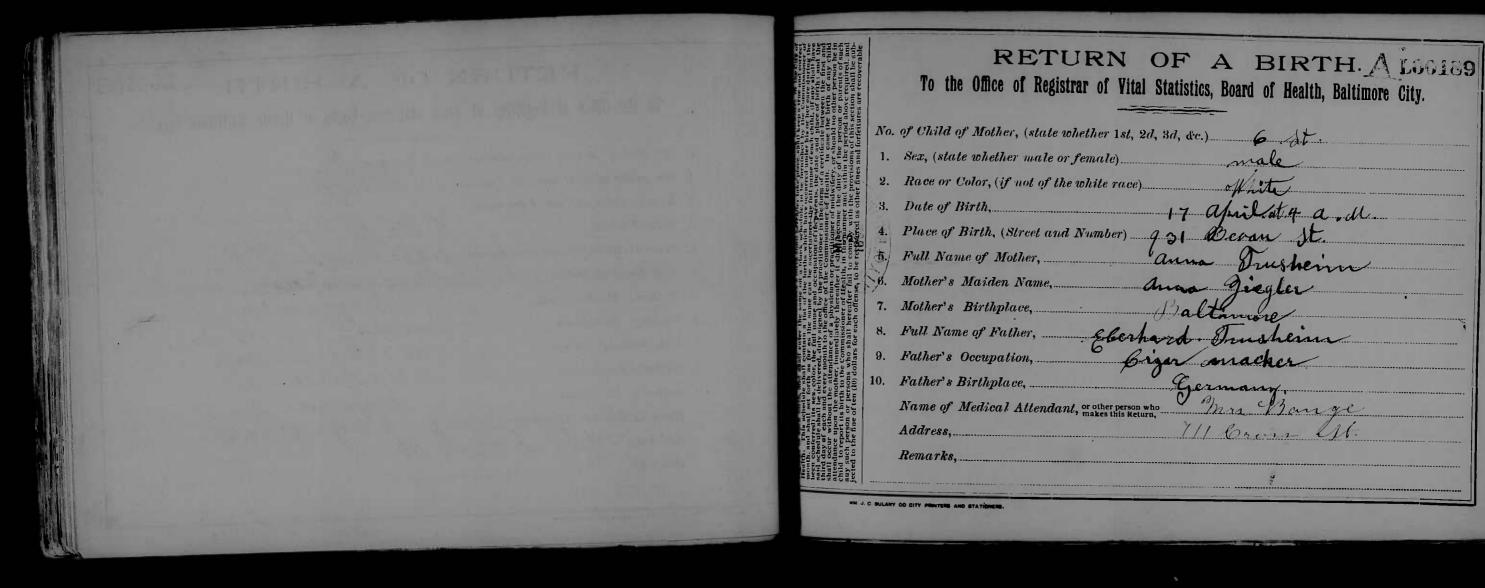
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15	Sea, (state whether male or female)	Male
22	Race or Color, (if not of the white race)	This h
3.	Dale of Birth,	April Stu 10-18-92
H4.	Place of Birth, (Street and Number)	Poodyer st 3 20
5.	Full Name of Mother,	Ellew Bear
6.	Mother's Maiden Name,	Ellen heving
7.	Mother's Birthplace,	Ballimon -
8.	Full Name of Father,	John & Cear
	Father's Occupation,	() 1/2 //
10.	Father's Birthplace,	Philadel phia
	Name of Medical Attendant, or other person who makes this Return,	Mrn & Felle
	Address,	19-22 Milkins con
	Remarks,	

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RETURN OF A BIRTH. LOGICS

1,	Sex, (state whether male or female) Lemal
2.	Race or Color, (if not of the white race)
3.	Date of Birth, April 18-1892
4.	Place of Birth, (Street and Number) 1169 Bank St.
5.	Full Name of Mother, Mary Dontle
6.	Mother's Maiden Name, Brogan
7.	Mother's Birthplace, Irland
8.	Full Name of Father, Charles Donde
9.	Father's Occupation, Laboren
10.	Father's Birthplace, Orland
	Name of Medical Attendant, or other was on who there de Return de lein
	Address, 1427 & Craft M.
	Remarks,

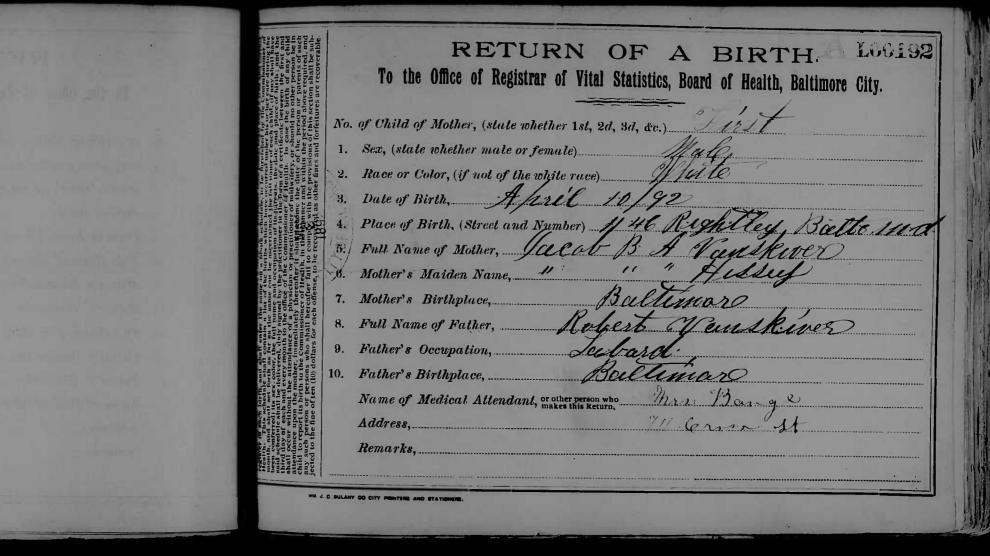


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	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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	2. Race or Color, (if not of the white race)
	3. Date of Birth,
	4. Place of Birth, (Street and Number) 228 S. Rocurour Ph
	6. Mother's Maiden Name, Jda Jyyy
	7. Mother's Birthplace, See Some 13-chille.
	9. Father's Occupation, Julial Deed Con
	10). Father's Birthplace, Bully Tuck
	Name of Medical Attendant, or other person who bathrence, Minich
	Address, Sterribon Sail Heard South
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		No. of Child of Mother, (state whether 1. Sex, (state whether male or female) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white resolution of the white resolution of the state of Birth, 3. Date of Birth, (Street and Number state of Birth, (Street and Number state of Birth) 4. Place of Birth, (Street and Number state of Birth) 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father,	race)
		9. Father's Occupation, In the state of the	

RETURN OF A BIRTH. L00191

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	1.	Sex, (state whether male or female) Me ale.
	2.	Race or Color, (if not of the white race)
-	3.	Date of Birth, 10. Anxil
		Place of Birth, (Street and Number) 1924. Allisence to
	5.	Full Name of Mother, Magaireta Blusch Kopla
		Mother's Maiden Name, Merces he
		Mother's Birthplace, germany.
ŀ	8.	Full Name of Father, Albert Blosch Kofska
-	9.	Father's Occupation, Labect
	10.	Father's Birthplace, germany
		Name of Medical Attendant, or other person who Mois of Liers Comments
l		Address, 1225 Have street.
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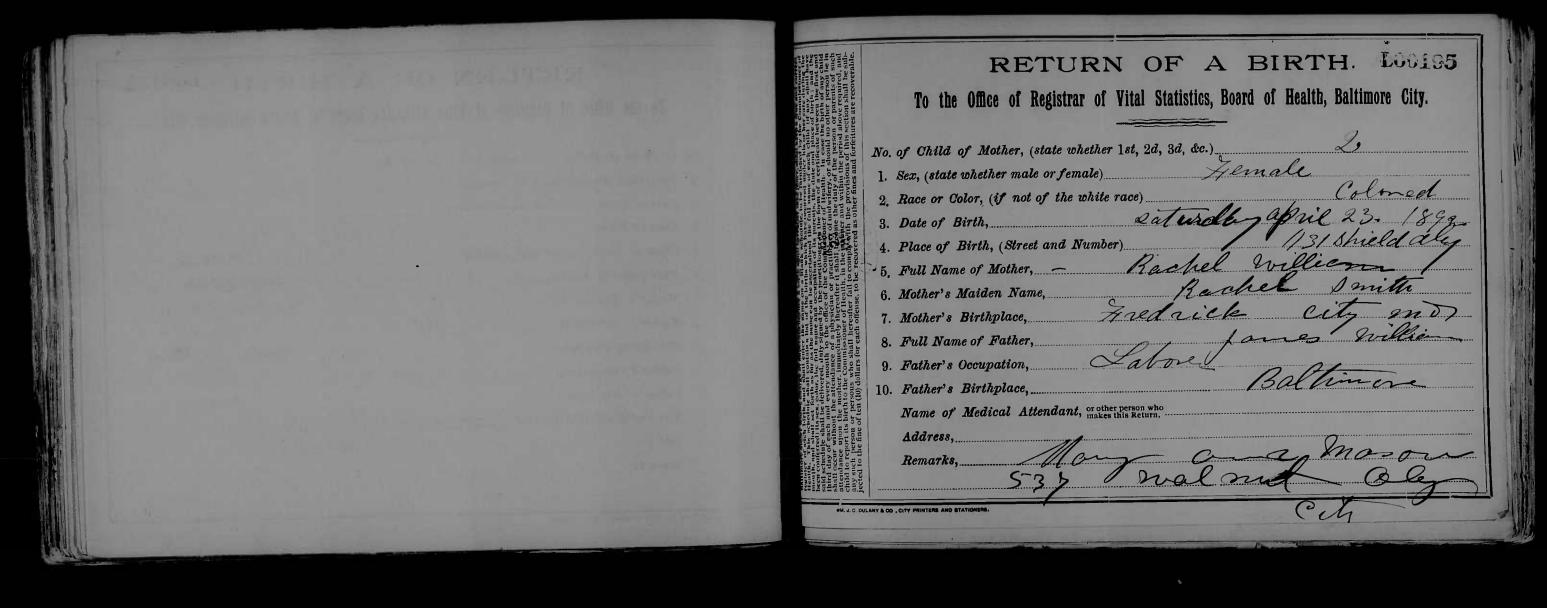


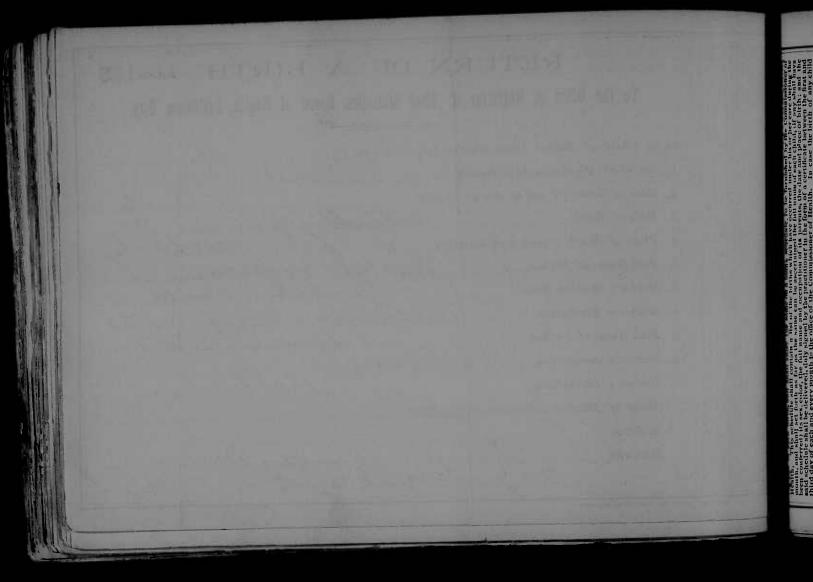
RETURN OF A BIRTH To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race)...... 3. Date of Birth, 4. Place of Birth, (Street and Number) Cash street 5. Full Name of Mother, Katre Adams 6. Mother's Maiden Name,.... 7. Mother's Birthplace,..... 8. Full Name of Father, Matter College 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who Mrs Schumann Address, 409 South Bond st Remarks.

RETURN OF A BIRTH LOUISA To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race).... 3. Date of Birth, 15 of abrit 4. Place of Birth, (Street and Number) 1913 Wilhelm It ana Schlickthonin 5. Full Name of Mother, ana Hanfistengel 6. Mother's Maiden Name, 7. Mother's Birthplace, _____ Wilhelm Schlichthorn 8. Full Name of Father, 9. Father's Occupation, goomawi 10. Father's Birthplace, Name of Medical Attendant, or other person who Friederike Heules Midwife 216 West Pratt Ste Address, Remarks,

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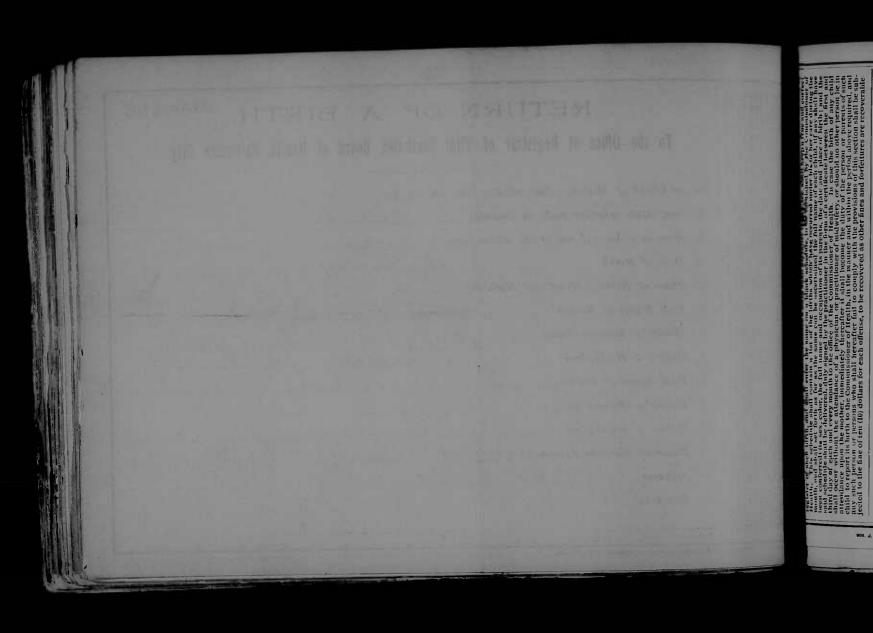




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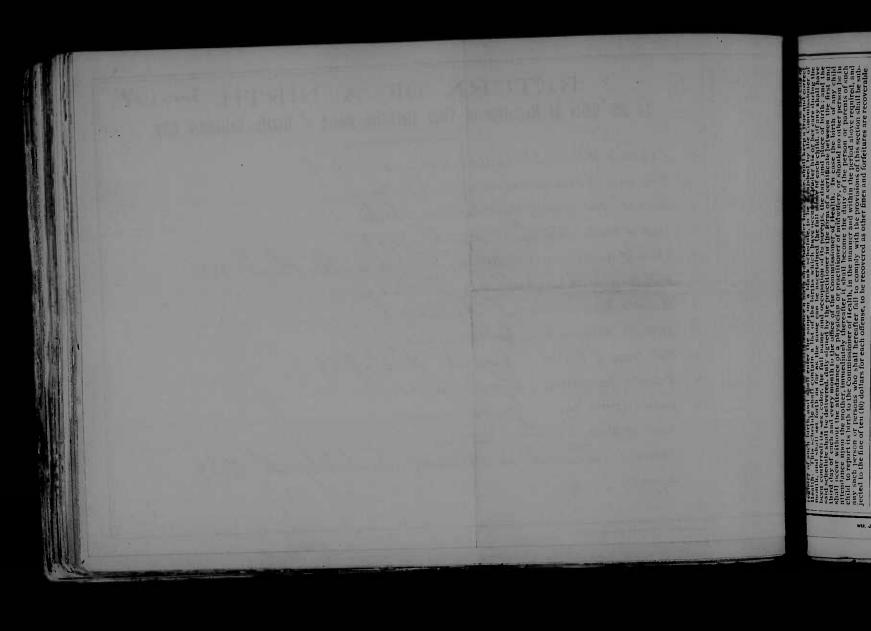
To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) Lolon
3.	Date of Birth, Italy
	Place of Birth, (Street and Number) 1 in St & T
100	Full Name of Mother, Mary 603 Jens
	Mother's Maiden Name, Musy white,
7.	Mother's Birthplace, Kuthing rule, Butter inell
8.	Full Name of Father, Charles white
9.	Father's Occupation, Matter
10.	Father's Birthplace, Bultumore
	Name of Medical Attendant, or other person who Slester 6002
	Address, 1000 Shelly als
	Remarks,



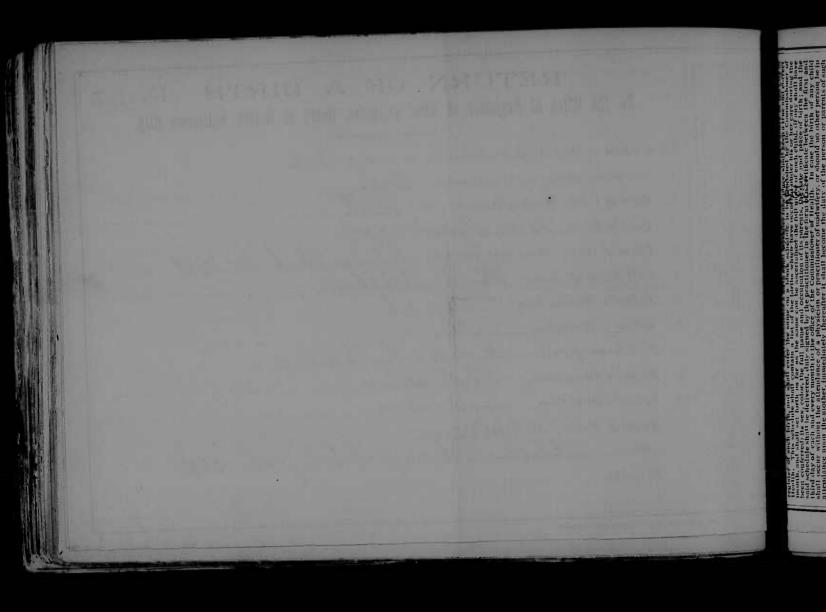
RETURN OF A BIRTH. L00137
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15
1.	Sex, (state whether male or female) Buch
2.	Race or Color, (if not of the white race) Will
3.	Date of Birth, 26 Lun Sprill 1942
4.	Place of Birth, (Street and Number) Liefel hall It 119
5.	Full Name of Mother, Mage Halen fus
6.	Mother's Maiden Name, Lelsea way
7.	Mother's Birthplace, Gerricanies
8.	Full Name of Father, Ensiel Waterfus
9.	Father's Occupation, Was glann
10.	Father's Birthplace, Januaries
	Name of Medical Attendant, or other person who
	Address, Junaline Showing Jast Ely do 434
	Remarks,



RETURN OF A BIRTH. LOGISS To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 29 la Aprill 1872
4.	Place of Birth, (Street and Number) Burie Stort No 1514
5.	Full Name of Mother, Haref Hollof
6.	Mother's Maiden Name, Braucher
7.	Mother's Birthplace, Bellinea
8.	Full Name of Father, Rich had Hohlles
9.	Father's Occupation, Wash Mana
10.	Father's Birthplace, Geamanien
	Name of Medical Attendant, or other person who
	Address, Traboline Idmay Tel Ely No 434
	Remarks,



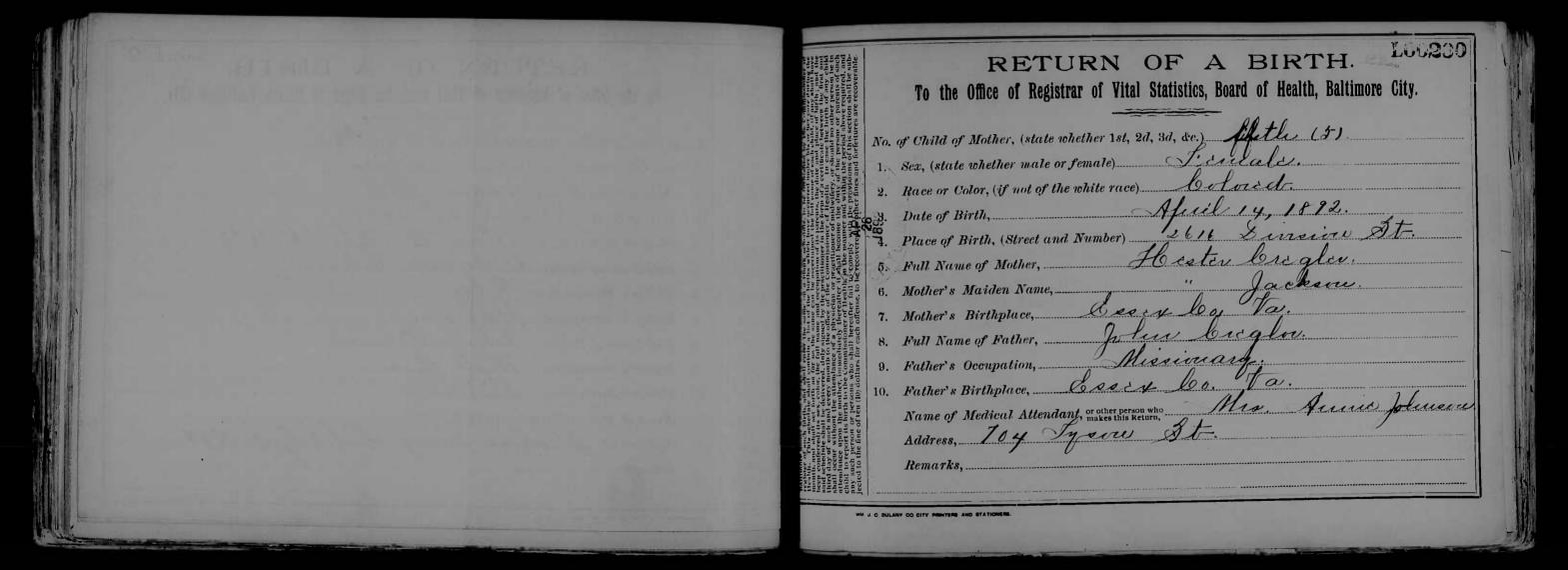
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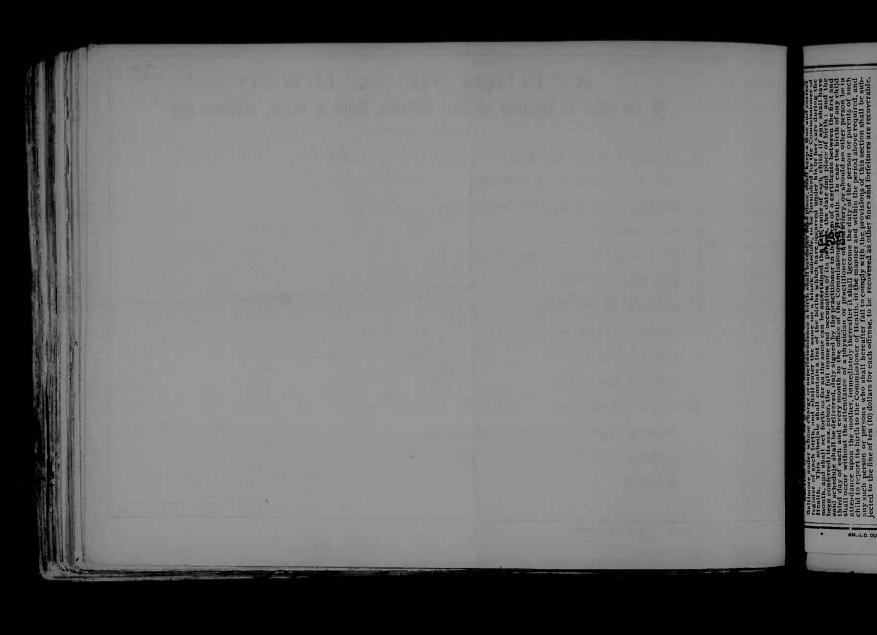
L00139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Vo.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1.	Sex, (state whether male or female)
	Race or Color, (if not of the white race)
3.	Date of Birth, 23 to Squell 1872
4.	Place of Birth, (Street and Number) Place Elg V 1129
5.	Full Name of Mother, Culiquente Selvei
6.	Mother's Maiden Name, Eigen
7.	Mother's Birthplace, Bellines
8.	Full Name of Father, John Solmei
	Father's Occupation, Will Men
	Father's Birthplace, Balfineer
	Name of Medical Attendant, or other person who
	Address, Francise Schouy Just Ely de 474
	Remarks,

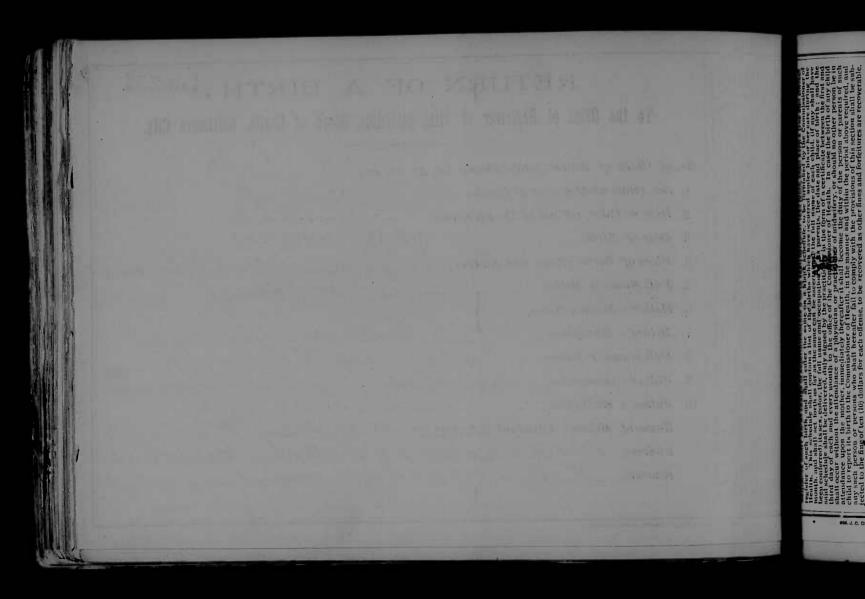
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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Spilal.
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 20/892
4. Place of Birth, (Street and Number) Baltyror and 2/68 Sanish
5. Full Name of Mother, Soursa Feloung
6. Mother's Maiden Name, Source Roank
7. Mother's Birthplace, Bathingere and City.
8. Full Name of Father, Charly Floury.
9. Father's Occupation, Label traction Company
10. Father's Birthplace, Battumore and City
Name of Medical Attendant, or other person who 116 25 16 any Saming
Address, 4/4 & Stricker St Baltimore and City
Remarks, Mother and Still one duing when



RETURN OF A BIRTH. LOGSIZ

o. of Unita of Mother, (state . Sex, (state whether male or)	, ,	11 0-		•
. Race or Color, (if not of the			te.	
. Date of Birth,	20	, th c	Afril	1,4
. Place of Birth, (Street and	Number)	1420	Julton	AV
Full Name of Mother,	Si	llie N	rins	•
Mother's Maiden Name,				
Mother's Birthplace,	Ba	Climore	. Citt	2
Full Name of Father,	Charlie	Mui		
Father's Occupation.	9) a	inter		
Father's Birthplace,		Bal	tinore	citty
Name of Medical Attenda	nt, or other person who	Ha	Tilda	A Shys
Address,	14	04	Brule D	4 /
Remarks,				V

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

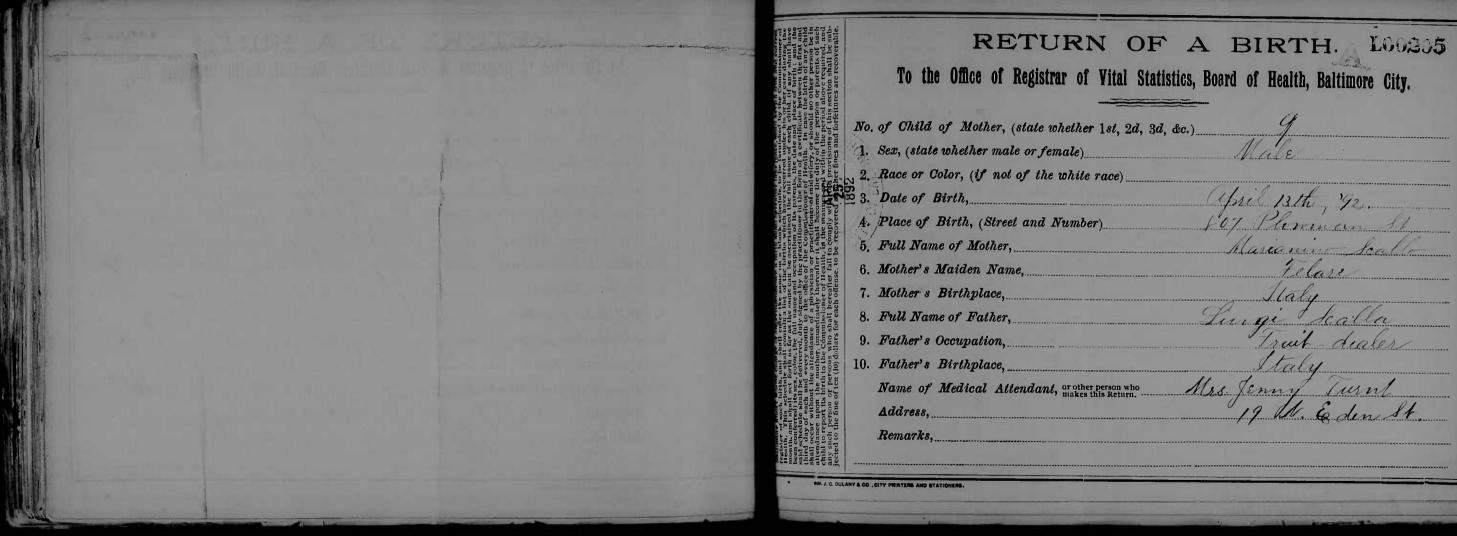
No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex, (state whether male or female): Sex, (state whether male or female): Signal Books
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 9-3 Obril 1892- 1 Oaltmore
4.	Date of Birth, Street and Number) Office Street 49
5.	Full Name of Mother, Sarbh 160-la.
- 10	Mother's Maiden Name, Saroh Liberman
7.	Mother's Birthplace, (Aussia
8.	Full Name of Father, Salemon Wolg.
9.	Father's Occupation, Tim maker.
10.	Father's Birthplace, Russia
	Name of Medical Attendant, or other person who Tima Darlogr.
	Address, 5 Pelords alley
	Remarks,

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in the property of the propert	To the Office of Registrar of Vital Statistics, Board of Health, B
1. 2. 3. 4. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	Sex, (state whether male or female) Race or Color, (if not of the white race) Date of Birth, (Street and Number) 13 (1112) Full Name of Mother, Dollar Survey Mother's Naiden Name, Dise Survey Full Name of Father, Sam Survey Full Name of Father, Sam Survey Father's Occupation, Satisfied Survey Name of Medical Attendant, or other person who have and a color of the survey

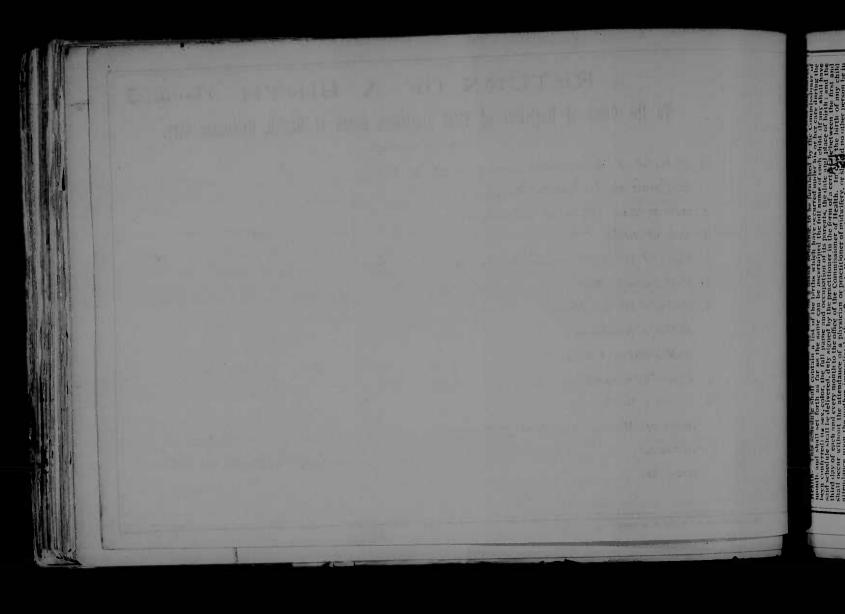
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Saltimore City.

1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) 6 about
3.	
4.	Place of Birth, (Street and Number) 13 little flittain at
	Full Name of Mother, Due Sahner
6.	
7.	Mother's Birthplace, Ballimir
	Full Name of Father, John, Rabiem
	Father's Occupation, Labour
0.	Father's Birthplace, Baltimer
	Name of Medical Attendant, or other person who have this Return,
	Address, 115 vert Hurey ety
	Remarks, full 9 mants



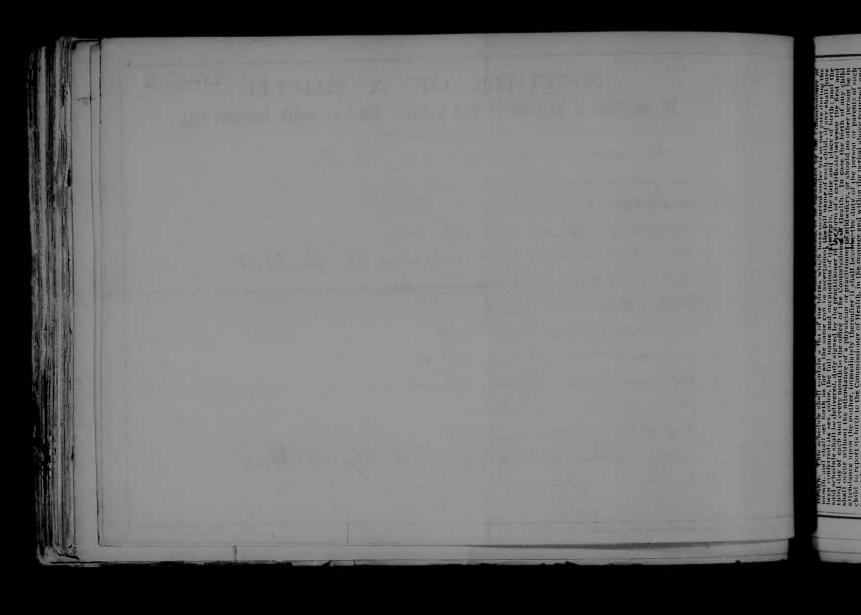
110. by Chitta by Mother, (state whether 1st, 2a, 3a	11/0
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
Date of Birth,	April 13th 192.
A. Place of Birth, (Street and Number)	
5. Full Name of Mother,	Marianin- Scalle
6. Mother's Maiden Name,	Felare
7. Mother s Birthplace,	Italy
8. Full Name of Father,	Jungi Scalla
9. Father's Occupation,	Truit dealer
10. Father's Birthplace,	Italy
Name of Medical Attendant, or other person who	
Address,	19 M. Eden St.
Remarks,	
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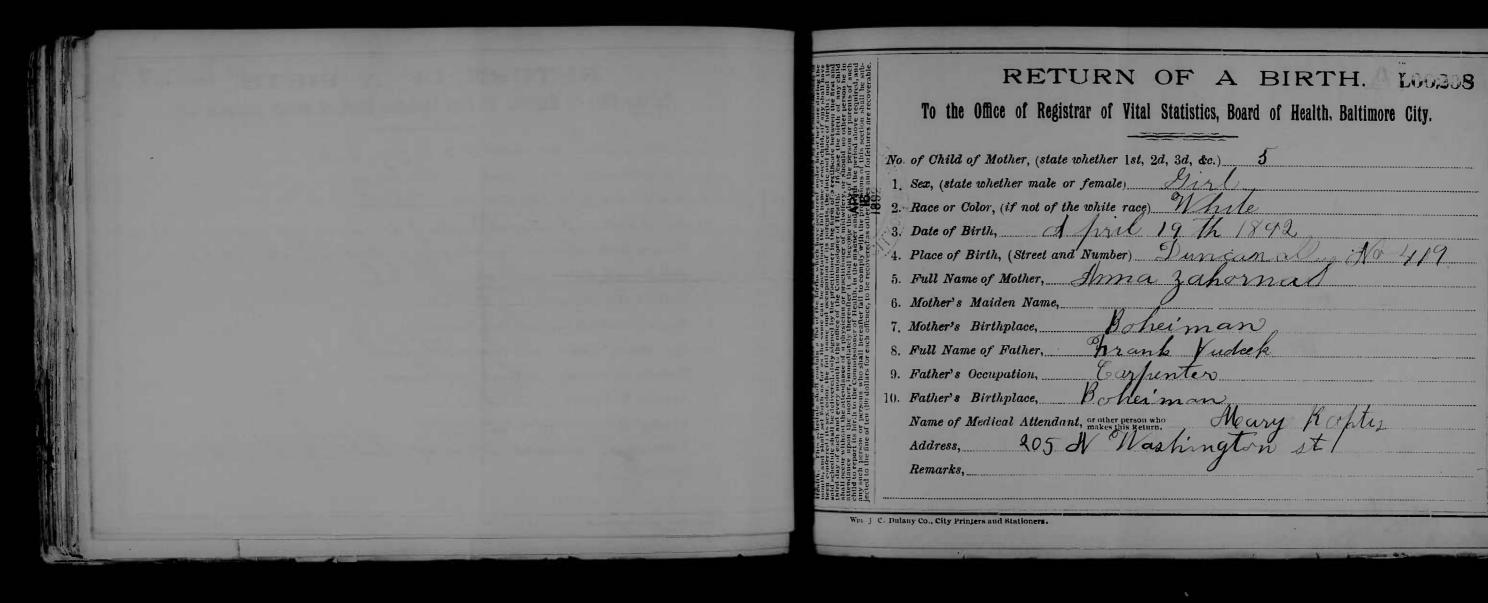
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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RETURN OF A BIRTH. LOGICATION To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1.	Sex, (state whether male or female) Matches
2.	Race or Color, (if not of the white race).
3.	Date of Birth, 19 Starill 1872
4.	Place of Birth, (Street and Number) Trans elected If No 1449
5.	Full Name of Mother, Lepus Halet
6.	Mother's Maiden Name, Wales
7.	Mother's Birthplace, Belsines
8.	Full Name of Father, Jecleon Helel
9.	Father's Occupation, West Slans
10.	Father's Birthplace, Bellinear
	Name of Medical Attendant, or other person who
	Address, Traslies Showay Jol Ely N 474
	Remarks,



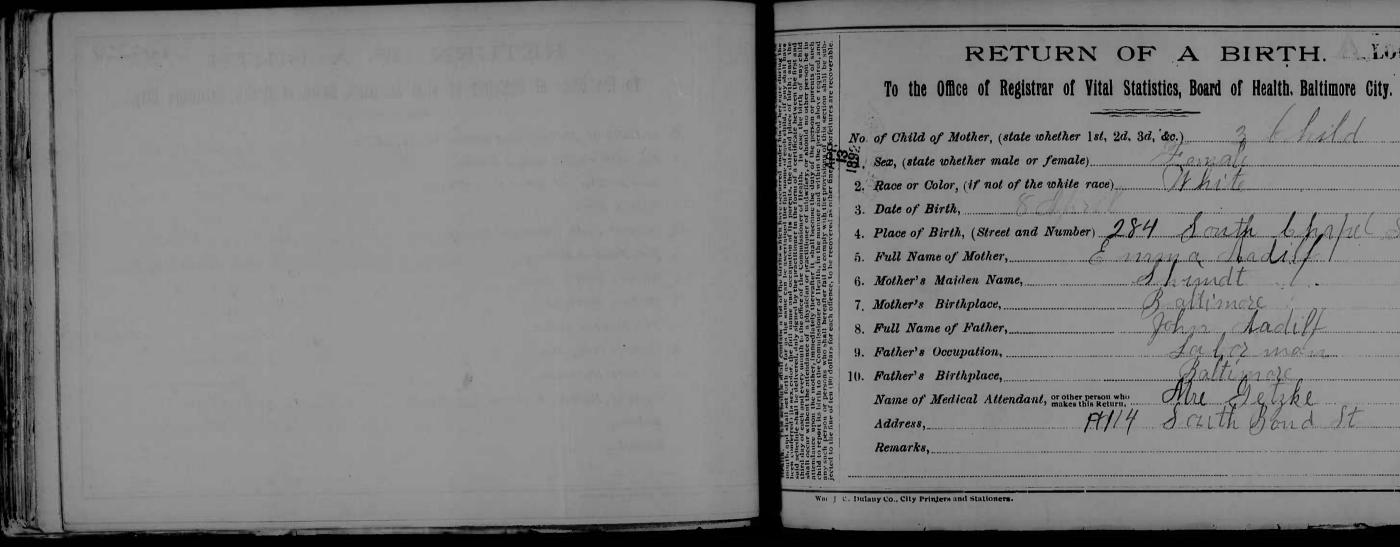
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The second of th	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
	No. of Child of Mother, (state whether 1st, 2d, 3d, &c,)
A STATE OF THE PARTY OF THE PAR	1. Sex, (state whether male or female)
	2. Race or Color, (if not of the white race) White
	Date of Birth, Afril 10 th 1892
	4. Place of Birth, (Street and Number) 324 Chafeel st
	5. Full Name of Mother, Assie From ankows
	Established 6. Mother's Maiden Name,
	7. Mother's Birthplace, Bopennan
	8. Full Name of Father, Albert Fron Jan Java
	9. Father's Occupation, Joylon
	Transfer of 10. Father's Birthplace, Sohe'm and
	Name of Medical Attendant, or other person who Mocky B. Address, 206 N Was wrightness of the state of the sta
	· Address, 205 N Was hington, St,
	Remarks,
	Property of the state of the st
	Wm J C. Dulany Co., City Printers and Stationers.



RETURN OF A BIRTH.

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No.	of Child of Mother, (state whether 1st, 2d, 3d, &c	.) 21h Chill
1.	Sex, (state whether male or female)	Temele
	Race or Color, (if not of the white race)	
3.	Date of Birth,	5th Spril 1892
් ත්	Place of Birth, (Street and Number)	Jortane el 1400
5,	Full Name of Mother,	Seconi Pranskiffer
6.	Mother's Maiden Name,	u Griftof
	Mother's Birthplace,	
8.	Full Name of Father,	Majuft Pranchiffer
9.	Father's Occupation,	Me rector.
10.	Father's Birthplace,	Germanye
	Name of Medical Attendant, or other person who makes this Return.	Lizzie dehachter
	Address,	Tintave Miros
	Remarks,	
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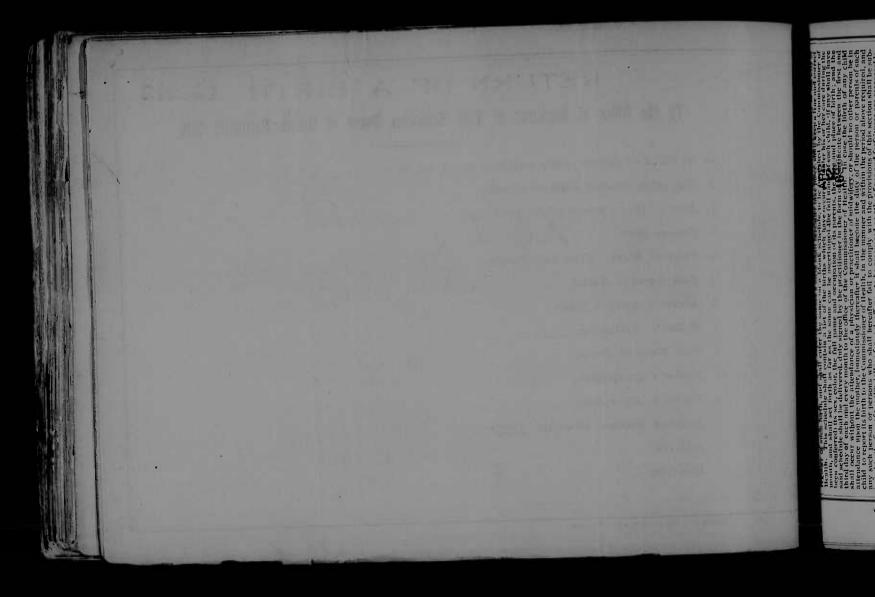
LY U.	by Chitta by Mother, (State and Color 100, 20, 50)
	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) / hite
3.	Date of Birth,
4.	Place of Birth, (Street and Number) 284 South by after St
5.	Full Name of Mother, angaga deadiff
6.	Mother's Maiden Name, Shandt
7.	Mother's Birthplace, Ballinate
	Full Name of Father, John Aadilf
9.	Father's Occupation, for 1, 02 moly
0.	Father's Birthplace, Baltimase,
	Name of Medical Attendant, or other person who Will Jelskl
	Address, PH14 South Bond It
	Remarks,

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To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

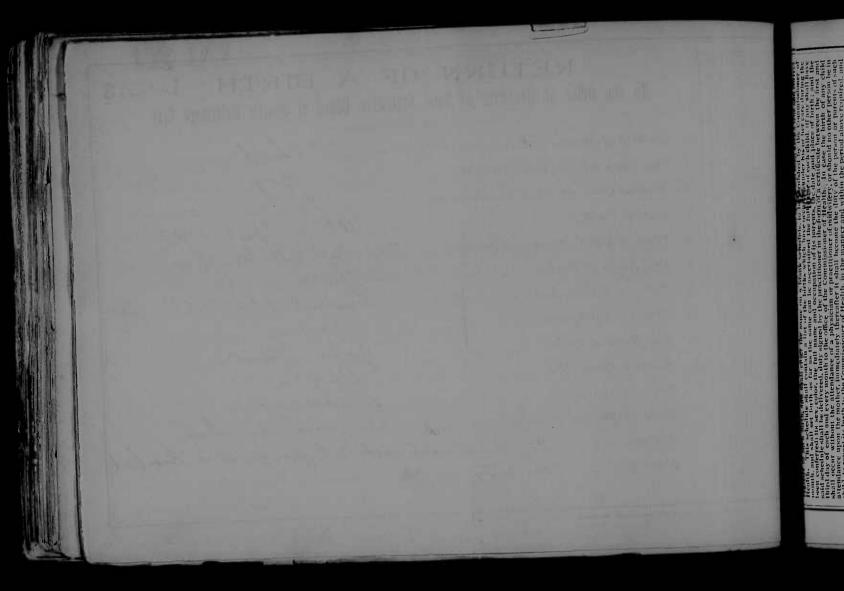
No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
	Race or Color, (if not of the white race)
3.	Date of Birth, John 18
4.	Place of Birth, (Street and Number) 226 N Stead way
	Full Name of Mother, Itali, Maip
6.	Mother's Maiden Name, Stance
7.	Mother's Birthplace, & Salfringord
8.	Full Name of Father, Saltinicit
9.	Father's Occupation, 6 11 TC2
10.	Father's Birthplace, Baltingel
	Name of Medical Attendant, or other person who Mrs 4101 Mc
	Address, PP 11 + South
	Remarks,



RETURN OF A BIRTH. LOGISTS.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3,	Dute of Birth, 1892
4.	Place of Birth, (Street and Number) 74/ Note Chester st.
5.	Full Name of Mother, Theresa Jaila
6.	Mother's Maiden Name, Therese Wolfshel
7.	Mother's Birthplace, Lermany
8.	Full Name of Father, Qohn Gaila
9,	Father's Occupation, Bother
10.	Father's Birthplace, Germany
	Name of Medical Attendant, or other person who Grescintia Kunkel
	Address, 213 North Chapel st per gustina Kankel
	Remarks, Health

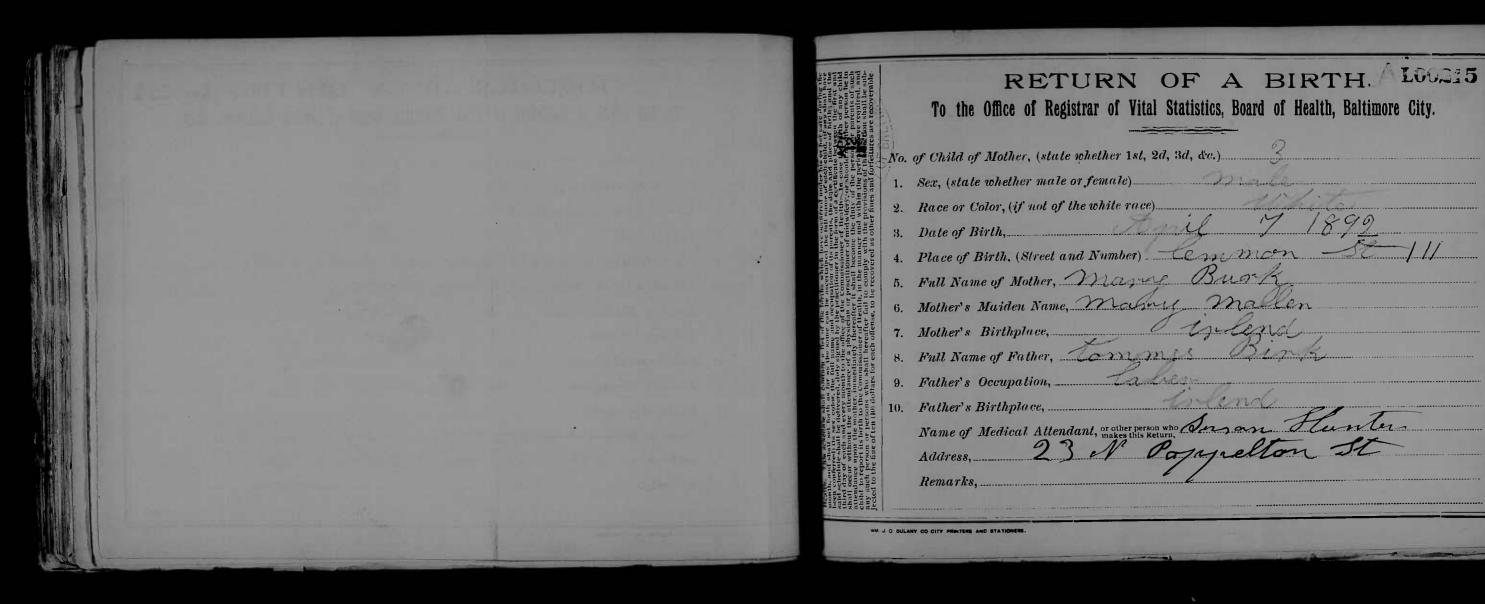


RETURN OF A BIRTH A LOUGIA

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth
4.	Place of Birth, (Street and Number) 199 1918 Mastison 14
5.	Full Name of Mother, Mary Halter
6.	Mother's Maiden Name, Mary Dietzel
7.	Mother's Birthplace, Bultimore
8.	Full Name of Father, Elinharatt Mattar
9.	Father's Occupation, Schrennacher
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who Marin, Malater
	Address, 428 n Banel St
	Remarks,

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RETURN OF A BIRTH LOOMS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Asici. Decard

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number) Asici. Sthe 1872

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who

Name of Medical Attendant, o

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Remarks,

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Francisco de Constante de Const	1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race)
the passes of th	3. Date of Birth, Amber) // O Com to the Comment of
he herman we herman he profession occupation occupation occupation occupation occupation occupation	5. Full Name of Mother, 22 3 2
n a marcord a marcord 1 marcord by the control	7. Mother's Birthplace, Son Sen Sen Son Son Son Son Son Son Son Son Son So
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And the second of the second o	Name of Medical Attendant, or other person who name of Medical Attendant, or other person who Address, Remarks, Remarks, Mattendant, Outplants Remarks, Remarks, Mattendant, Outplants Outpla
ionith, and the conference of	Remarks, Malian Duffer my from a fall
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RETURN OF A BIRTH. LOOKIS

To	the	Office	of	Registrar	0f	Vital	Statistics,	Board	0f	Health.	Baltimore	City.
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To.	of Child of Mother, (state whether 18t, 2t. 5t., 5t., 5t.)
1	Sex, (state whether male or female)
1.	Race or Color, (if not of the white race) White
2.	Race or Color, (1) not by the white 1400)
1 1	n . cn: 11 (1/1000 \$112
14.	mi of Dinth (Street and Number)
45	Full Name of Mother, Shuishawa muchalska
5,/	Full Name of Mother, Junior Contract
6.	Mother's Maiden Name, " Zulkowska
7	Mother's Birthplace, Jollans
1.	Mounts But outpoured,
8.	Full Name of Father, gan muchalski
9.	Father's Occupation, Kabor
	Father's Birthplace, Polland
().	18 at Asset of
	Name of Medical Attendant, or other person who
	Address, 1723 Tham St

Remarks,

				A
RETURN	OF	A	BIRTH	L00219

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. 20

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. 20

2. Race or Color, (if not of the white race)

2. Race or Birth, (Street and Number) Presstance of Strike of Birth, (Street and Number) Presstance of Strike of Birth, (Street and Number) Presstance of Mother's Maiden Name, Leval Reed

6. Mother's Maiden Name, Leval Reed

7. Mother's Birthplace, Balty County (now Balty Clay)

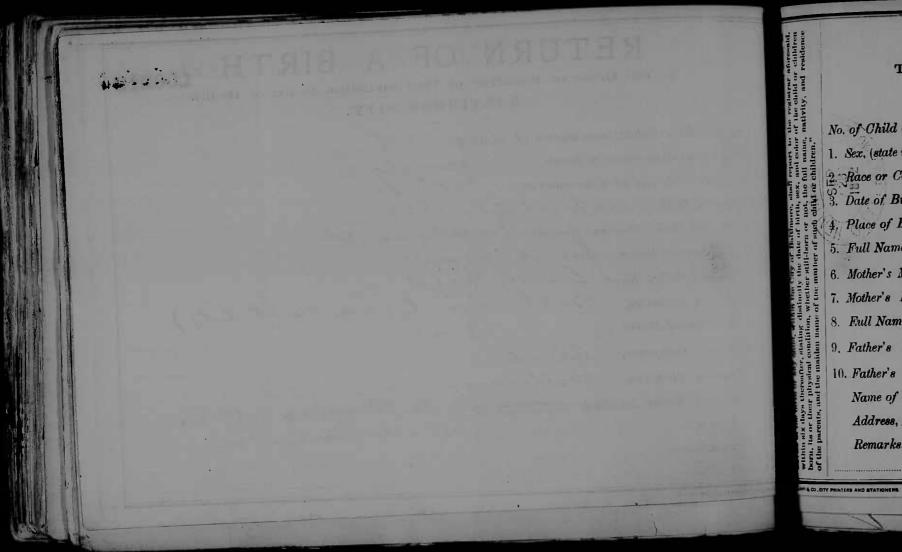
8. Full Name of Father,

9. Father's Occupation, Blerk

10. Father's Birthplace, Balty Person who Name of Medical Attendant, or other Person who Makes this lieurn Address,

Remarks.

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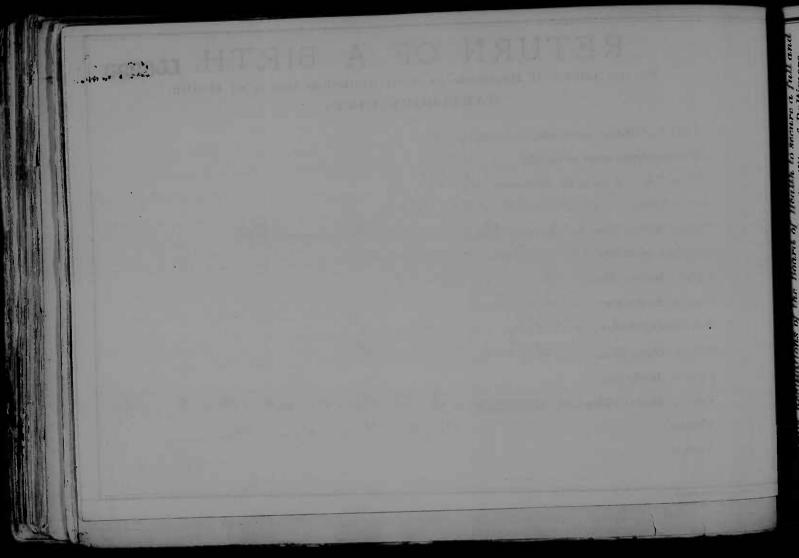


RETURN OF A BIRTH LO0220

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

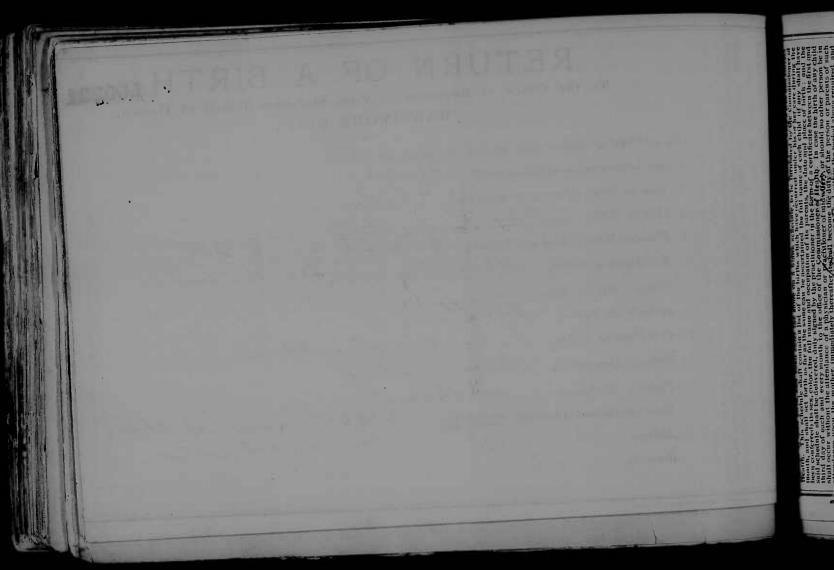
	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1	Ner (state whether male or female) Male
16	2 Race or Color, (if not of the white race) While
112	3. Date of Birth. April 19. 1892
	3. Date of Birth,
1	Place of Birth, (Street and Number) 90 8 1. Howard Sh
1	5. Full Name of Mother, Annie Carey
1	6. Mother's Maiden Name, Annie Brady
ŀ	6. Mother's Maiden Name, Third
١	7. Mother's Birthplace, Baltinon
ı	a Buy of Fallow Villiam Conf.
ı	9. Father's Occupation, Black engith
1	9. Father's Occupation,
١	10. Father's Birthplace,
1	Waling Attendant or other Person who
	Address. 1218 Mallison Ca
ı	Address,
	Remarks,
ш	



RETURN OF A BIRTH 100221

To the Office of Registrar of Vital Statistics, Board of Health,

attend, egistrar child o	BALTIMORE CITY.
of Bo	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
City harge, w report t and cok full nam children	1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race)
in the fight in c fight, san pirth, sex r not, the r not, the	3. Date of Birth,
fistics other Se of Baltiq n date of dill-born of	5. Full Name of Mother, Mr., Francisco Carolina, St., Francisco Carolin
rat Stating in the City stinctly the City whether st	6. Mother's Maiden Name, 7. Mother's Birthplace, 8. First Name of Father 4 hours and Eather .
of Vil of Vil onchent, within stating dis ondition,	8. Full Name of Father, Stone ale-
Record of Record of sician, account to of any child hereafter, state physical conductured the maiden	10. Father's Birthplace, Scotler Person who By 03 03 rows U.D.
t any physic the birth six days the sortheir sortheir sortheir surfaces, and surfaces, s	Address,
"That advise a within 8 born, ite of the pa	Remarks,
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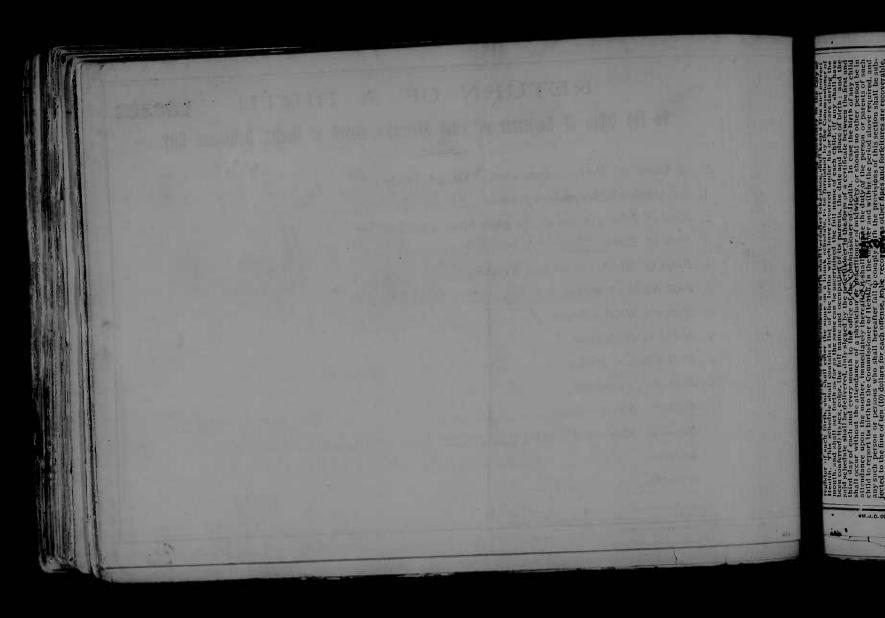


RETURN OF A BIRTH A LOO222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

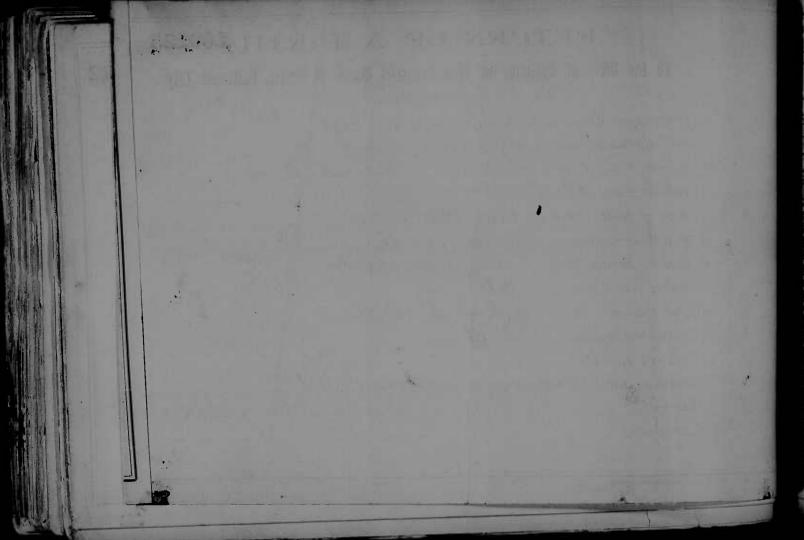
	of Child of Mother, (state whether 1st, 2d, 3d, &c)
1.	Sex, (state whether male or female) ferry all
2.	Race or Color, (if not of the white lace) (10000
	Date of Birth, 204 W. Exore St 7 of april
P	Place of Birth, (Street and Number) 204 11 11 12 12
5.	Full Name of Mother, Amir Hackett
6.	Mother's Maiden Name, Grand Carter
	Mother's Birthplace, 03 OUT
8.	Full Name of Father, Jerone Hackett
9.	Father's Occupation, Bruch y Will
10.	Father's Birthplace, BUG
	Name of Medical Attendent, or other person who wylve the Coro
	Address, 9/8 6 2022 St
	Remarks,

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH. L00223

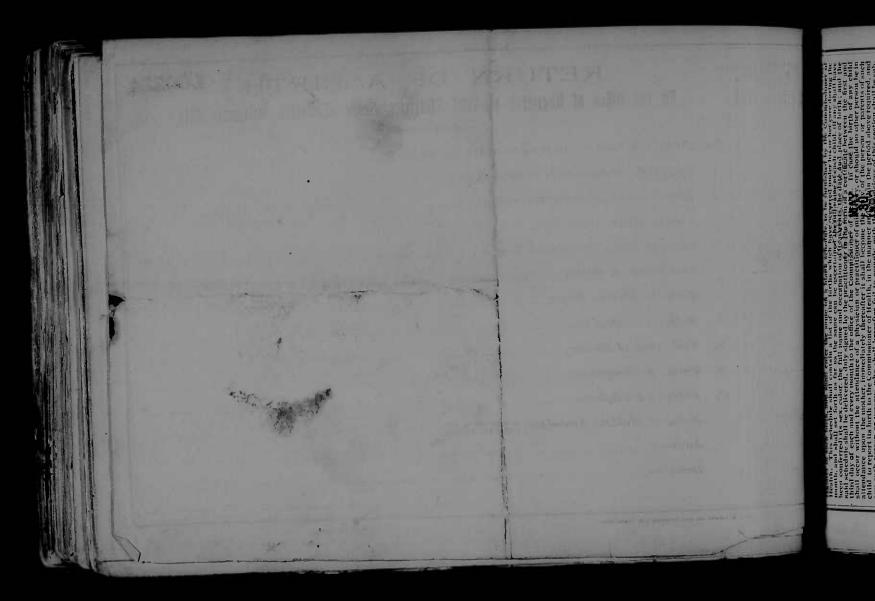
	F.	
No.	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1.	. Sex, (state whether male or female) female	
2.	. Race or Color, (if not of the white race) Colored Ruce	
3.	. Date of Birth, 27 Ohrib	
14.	. Place of Birth, (Street and Number) Letting 2/14	
5.	Full Name of Mother, Cassie Collins	***************************************
6.	. Mother's Maiden Name, Cassie mostford.	
7.	. Mother's Birthplace, Bollo Cily	
8.	. Full Name of Father, John. L. Collins	•••••
	. Father's Occupation, Mr after	*
	. Father's Birthplace,	
	Name of Medical Attendant, or other person who Sarah. Llet	*
	Address, 2206 Etting 81.	
	Remarks,	
		•••••



RETURN OF A BIRTH. LOO224

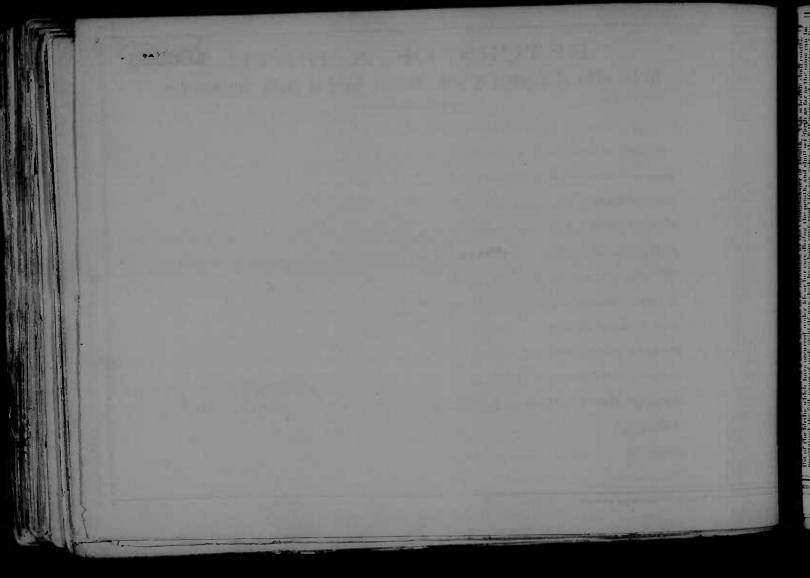
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Ma Shife
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
	Date of Birth, Ahrel 30th 1892
4.	Place of Birth. (Street and Number) Batter A
	Full Name of Mother, Mrs. Lange Jones
	Mother's Maiden Name, Louise Richard
7.	Mother's Birthplace, Eggs
8.	Full Name of Father, Williams Shows of Montes
9.	Father's Occupation, English O
10.	Father's Birthplace, Satting
	Name of Medical Attendant, or other person who Burge
	Address, 7/1 Cry 2 4) t.
	Remarks,



RETURN OF A BIRTH. L00225

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female).
2.	Race or Color, (if not of the white race) 10 hot
53.	Date of Birth, And 21 1892
4.	Place of Birth, (Street and Number) - Color Roc.
5.	Full Name of Mother, Amue Trance,
6.	Mother's Maiden Name, and Square
7.	Mother's Birthplace, Mongland,
8.	Full Name of Father, Must I. Thamas,
9.	Father's Occupation, M. Couplayes
10.	Father's Birthplace, Mingland
	Name of Medical Attendant, or other person who Mulhus 32. 8
	Address,
	Remarks,



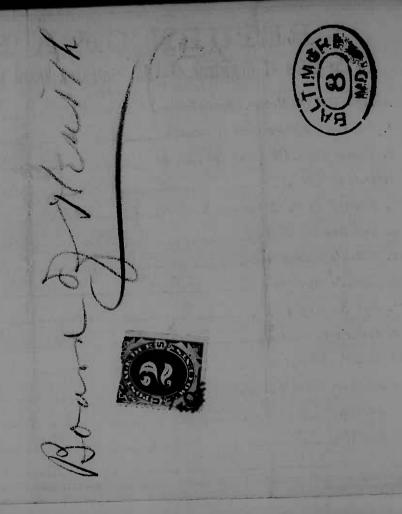
RETURN OF A BIRTH LOOSES

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether	1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)	Mal
2. Race or Color, (if not of the white rad	ce) Pelana
3. Date of Birth,	april . 14
4. Place of Birth, (Street and Number).	435 / Biddle Str
5. Full Name of Mother,	Maggie P. Milson
6. Mother's Maiden Name,	n 66 Gray
7. Mother's Birthplace,	Caper Use
8. Full Name of Father,	James + D. Philsen.
9. Father's Occupation,	Al & Lowel Supply Co"
0. Father's Birthplace,	Patting de
	son who low Bassett Michaele
Address, 569	Dolphin Shr
Remarks,	·

an Murphy & Co., City Printers and Stationers.

WH. J.'U. BULRRY OU CITY PRINTERS AND STATISHERS.



st and st and n be in of such cd, and be sub- erable.		REHURA OF A BIRTH. L00227
birth; an the fir the form the		To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
between the birt of no oth rson or pod od abov is sections	No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
The mid	1,	Sex, (state whether male or female) Sex, (state whether male or female)
n the di n to a c mile with pro	2.	Race or Color, (if not of the white race)
parents the form of mid ne the ter and ith the as othe	3.	Date of Birth, Ceft 27 th 1892
of its ner in lission lioner. I become e mann uply w	4.	Place of Birth, (Street and Number) 914 Hausen 84
rpation Commercial Practi it shal it, in the		Full Name of Mother, Lillie May Fre Conge
of the process of the		Mother's Maiden Name, Bluck
ame ar gred by c office a physically ther oner of hereaft	7.	Mother's Birthplace, Bcllo-
luly signification of the control of	8.	Full Name of Father, Chas & Fre Course Father's Occupation, R. N. 6 Cerse
vered, overed, overed, overed, overed, overed, overed, introduced, introduced, introduced, overed, ove		
he delicate the number of the	10,	Name of Medical Attendant, or other person who Resurn.
each me each a vithou pon th ort its b son or		Address, Address,
hird day of hall occur trendance fill to repo fill to repo ected to the		Remarks,
- x - y = 0 = X		

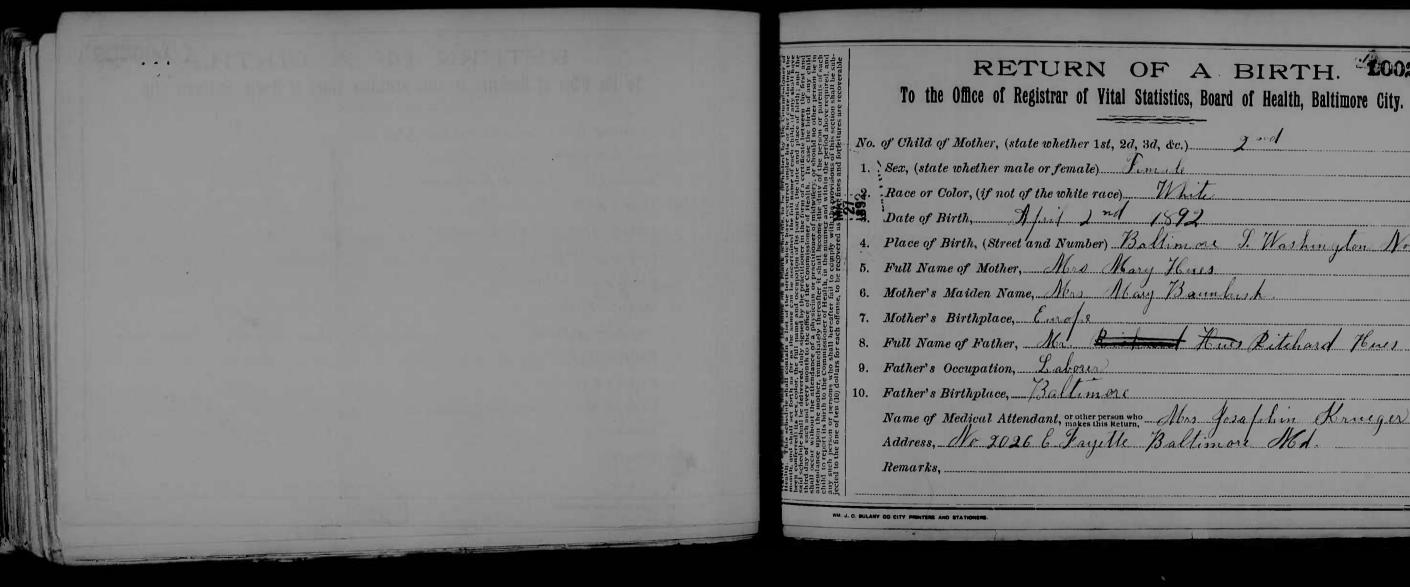
WM J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A LOOSES

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

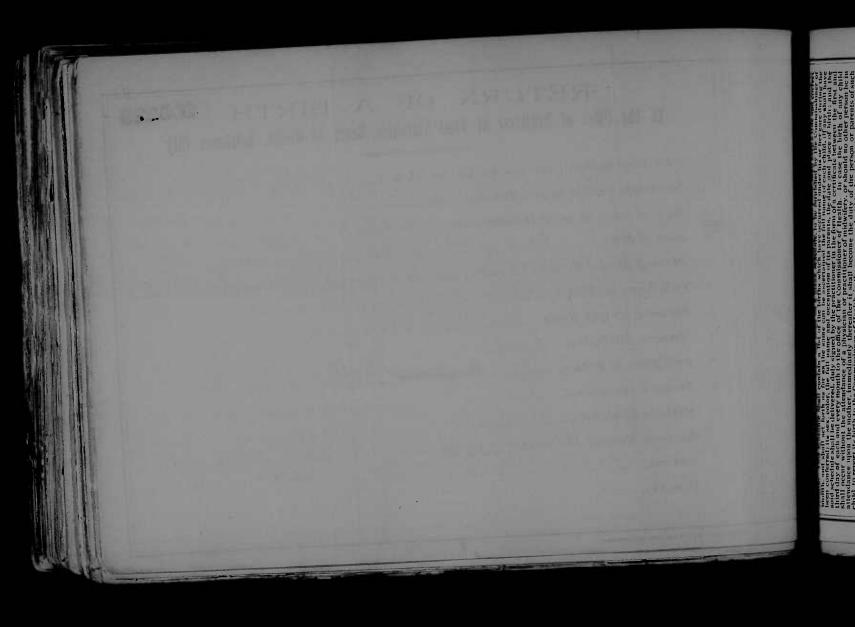
1.	Sex, (state whether male or female)	Male
2.	Race or Color, (if not of the white race)	White
3,	Date of Birth,	-
4.	Place of Birth, (Street and Number)	# 1313 Liche 36.
5.	Place of Birth, (Street and Number) Full Name of Mother,	Calluine Va Firesich
6.	Mother's Maiden Name,	M. Henry
	Mother's Birthplace,	
8.	Full Name of Father,	Min Ha Firence
	Father's Occupation,	
10.	Father's Birthplace,	8
	Name of Medical Attendant, or other person who	R6 422
	Address,	
	Remarks,	

WIR. J. O. BULANY CO CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH. 200229

-1	of Oneth of Mother, (state whether 18t, 2t, 5t, 5t, 6c.)
1.	Sex, (state whether male or female) Line te
<u>c</u> ₹.	Race or Color, (if not of the white race). White
587	Date of Birth, Afril 2 nd 1892
4.	Place of Birth, (Street and Number) Ballinge J. Washington No. 20
5.	Full Name of Mother, Mrs. Mary Huses
6.	Mother's Maiden Name, Mrs. Many Baunhush
7.	Mother's Birthplace, E. M. a. 1.8
8.	Full Name of Father, Ma Bitchard Hung
9.	Father's Occupation, Lakoua
10.	Father's Birthplace, Ballimore
	Name of Medical Attendant, or other person who Albas Josafelin Krauger Address, No. 2026 & Fayelle Baltimore Med.
	Address, No 2026 & Fayette Baltimore Med
	Remarks,

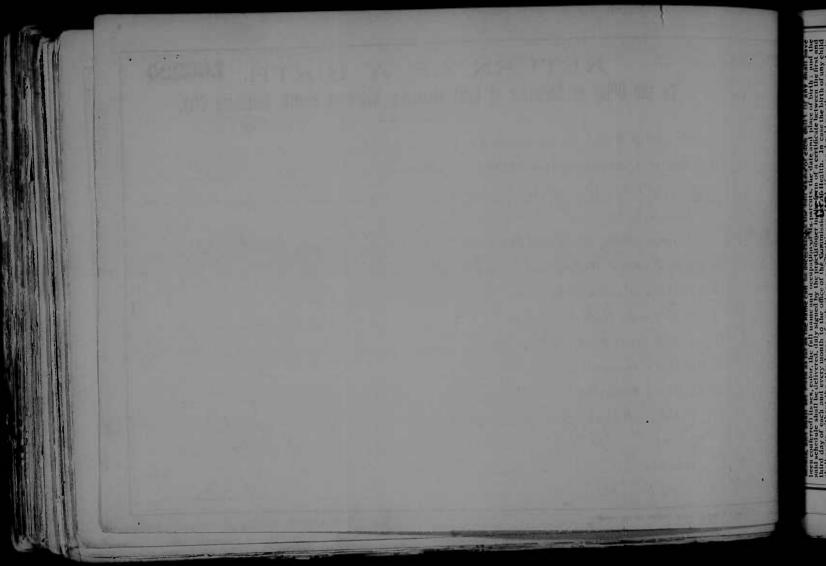


RETURN OF A BIRTH. LOO230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

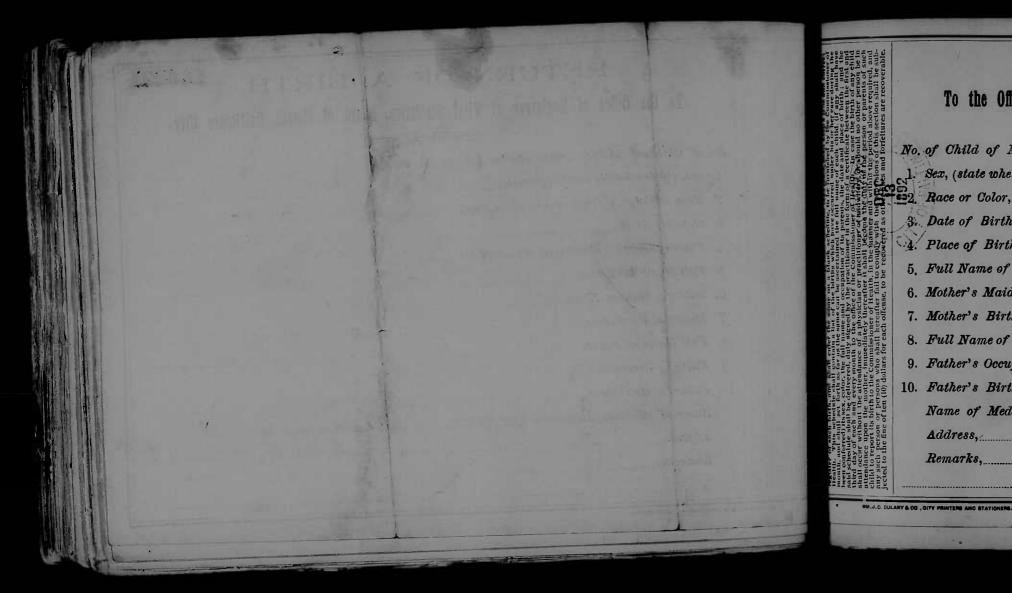
No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sea, (state whether male or female) Make
2N	Raice or Color, (if not of the white race) . If he Te
3.	Date of Birth, # 121 17 1 1842
34.	Place of Birth, (Street and Number) Ballin on Bruke St. No. 212
5.	Full Name of Mother, Mas Molly Dilla
6.	Mother's Maiden Name, Abr Abolly Vogel
7.	Mother's Birthplace, & was file
8.	Full Name of Father, Mr. John Dila
9.	Father's Occupation, Labour
10.	Father's Birthplace, Ballinge
	Name of Medical Attendant, or other person who Mes Josafahin Krueges
	Address, No. 2026 & Payette It Ballimore Md.
	Remarks,

WIN. J. C. BULANY OG CITY PRINTERS AND STATIONER



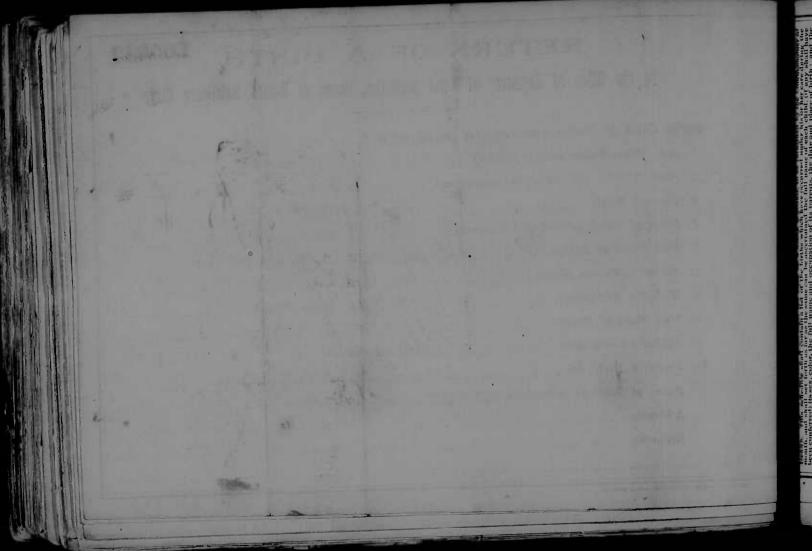
RETURN OF A BIRTH LOO231

	Sex, (state whether male or female)	
2.	Race or Color, (if not of the white race)	C-11/10/
3.	Date of Birth,	2 4 4 11 11
4.	Place of Birth, (Street and Number)	16 16 6 11 11
5.	Full Name of Mother,	2 13 million
6.	Mother's Maiden Name,	12
7.	Mother's Birthplace,	China Channe
8.	Full Name of Father,	of the last of the
	Father's Occupation,	
	Father's Birthplace,	
	Name of Medical Attendant, or other person who makes this Return.	Sarah & SEF
	Address,	2206 6/15
	Remarks.	/



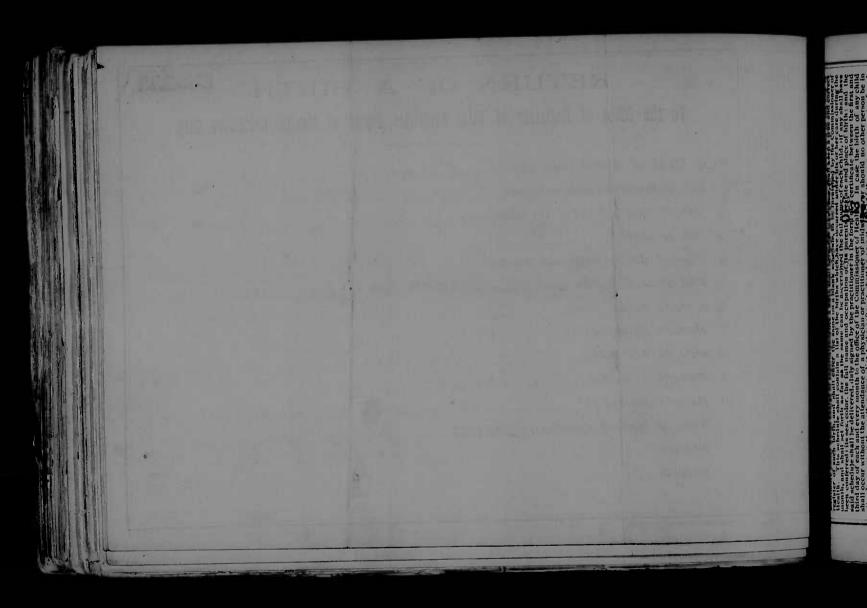
RETURN OF A BIRTHA LOOSS

No. of Child of Mother, (state whether 1st, 2d,	
1. Sex, (state whether male or female)	Hemale
Race or Color, (if not of the white race)	// / .
3. Date of Birth,	23 rd of april
4. Place of Birth, (Street and Number)	520 Brunt St
5. Full Name of Mother, Ch	arlotte Johnson
6. Mother's Maiden Name,	harlotte Mobinson
7. Mother's Birthplace, St	marys County
8. Full Name of Father,	hald Johnson
9. Father's Occupation,	lera dore
10. Father's Birthplace,	It mary's lo
Name of Medical Attendant, or other person who	Sarah & DEF.
Address,	2206 Etting 875
Remarks,	
STATE OF THE PARTY	



RETURN OF A BIRTH LOO233

E	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) Colored
	Date of Birth, April 137
	Place of Birth, (Street and Number) 344 Bosh With
	Full Name of Mother, Inamil Thomas
6.	Mother's Maiden Name,
	Mother's Birthplace, North hamiton To
8.	Full Name of Father, Anarles Me Thomas
	Father's Occupation, Leverdore
	Father's Birthplace, Existein Shan M.
	Name of Medical Attendant, or other person who makes this Return.
	Address, Sarah & Age
	Remarks, 2206 Still

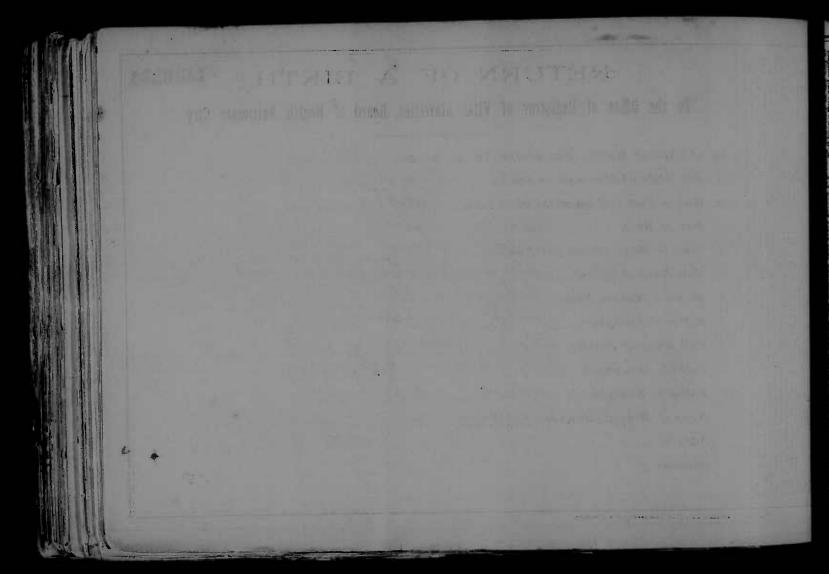


RETURN OF A BIRTH LO0234

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

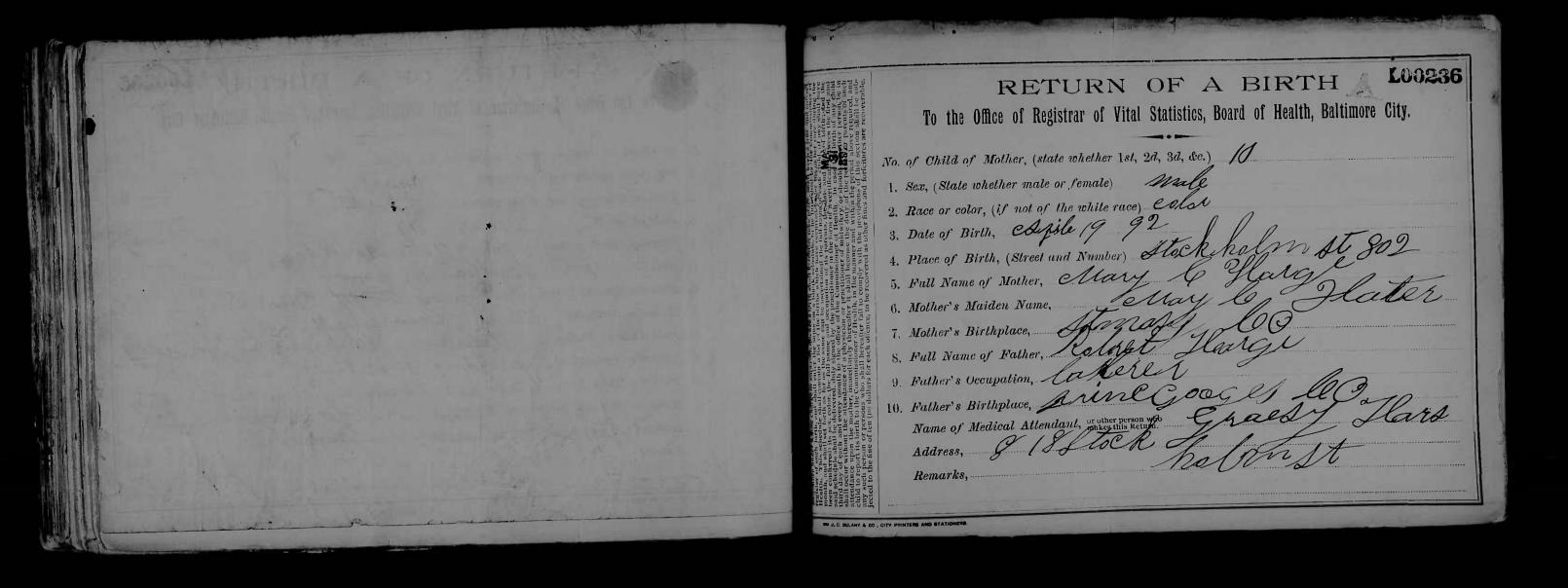
Vo.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) 16 ac-
2.	Race or Color, (if not of the white race) 6 algree
3.	Date of Birth, Afra C 10 1/ 9 92
4.	Place of Birth, (Street and Number) 2/26 Eling Sh
5.	Full Name of Mother, Cary Francis Frince
6.	Mother's Maiden Name, Makey themes Since
7.	Mother's Birthplace, Haterford Val
8.	Full Name of Father, John Change House
9.	Father's Occupation, Juck Standener
0.	Father's Birthplace, freewille Va
	Name of Medical Attendant, or other person who
	Address, 2206 Etting of
	Remarks,

Wm J C. Dulany Co., City Printers and Stationers.



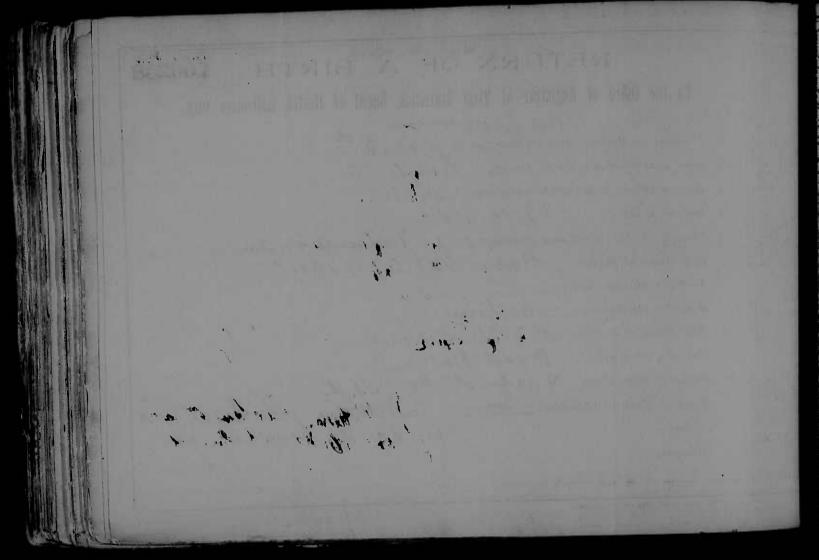
RETURN OF A BIRTH! LOO235

LVO.	by Chica by Mother, (state whether 1st, 2a, 5a, ac.)
1.	Sex, (state whether male or female) May
2.	Race or Color, (if not of the white race) Clord
	Date of Birth, Morch 29
4.	Place of Birth, (Street and Number) 1546 Stockton St
5.	Full Name of Mother, Martha L. Sewell
6.	Mother's Maiden Name, Markher Le south morris
7.	Mother's Birthplace, Earl County, me
8.	Full Name of Father, William Woshington Sewell
	Father's Occupation, Caachang & Wating
	Father's Birthplace, Calvert County mod
	Name of Medical Attendant, or other person who Dr. 19. 1. Provides
	Address, Ba Stricker at pressprang &
	Remarks, Sarah & HEF
II.	2206 Elling St



RETURN OF A BIRTH A LOO237
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. Edgar Matthews Subjective Plans of Child of Mother, (state whether 1st, 2d, 3d, &c.) No of Child of Mother, (state whether 1st, 2d, 3d, &c.)
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Male:
2. Race or Color, (if not of the white race)
3. Date of Birth, April 21 of 1892
4. Place of Birth, (Street and Number) 8774 N Loansellion and
5. Full Name of Mother, florance May Hickory.
6. Mother's Maiden Name, Florence May Martiews.
7. Mother's Birthplace, Ourses & Flechenty.
8. Full Name of Father, (O) Mondo of Acculy.
9. Father's Occupation, Lithugraphes.
10. Father's Birthplace, Baltum Loty
Name of Medical Attendant, or other person who Name of Medical Attendant, or other person who Address, 17/6 Ludge Care
Remarks,
Wm J C. Duiany Co., City Prinjers and Stationers.

-		
		RETURN OF A BIRTH. 100238
		To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
		Miriam Michael No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
		1. Sex, (state whether male or female) / IMIGLE
		2. Race or Color, (if not of the white race) While
		3. Date of Birth, 16, 1692
		4. Place of Birth, (Street and Number) 10 2 & Education do.
		5. Full Name of Mother, Way Vagel Websel
	The state of the s	6. Mother's Birthplace, Ballague
	The state of the s	8. Full Name of Father, W 7. 4. Michael
		9. Father's Occupation, Word Dealer
		10. Father's Birthplace, Harful Co
		Name of Medical Attendant, or other person who settle to the settle of t
		Address, O 201 W. Maullin M.
		Remarks,
		######################################
ART E.		Wm J C. Dulany Co., City Printers and Stationers.

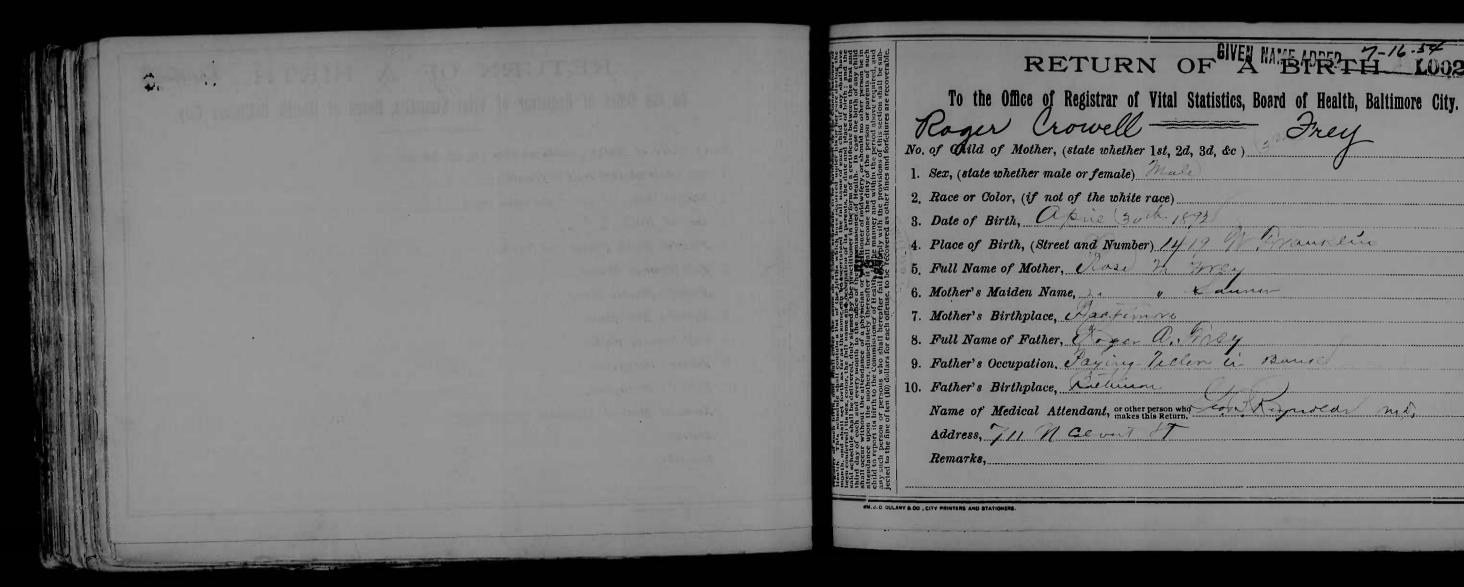


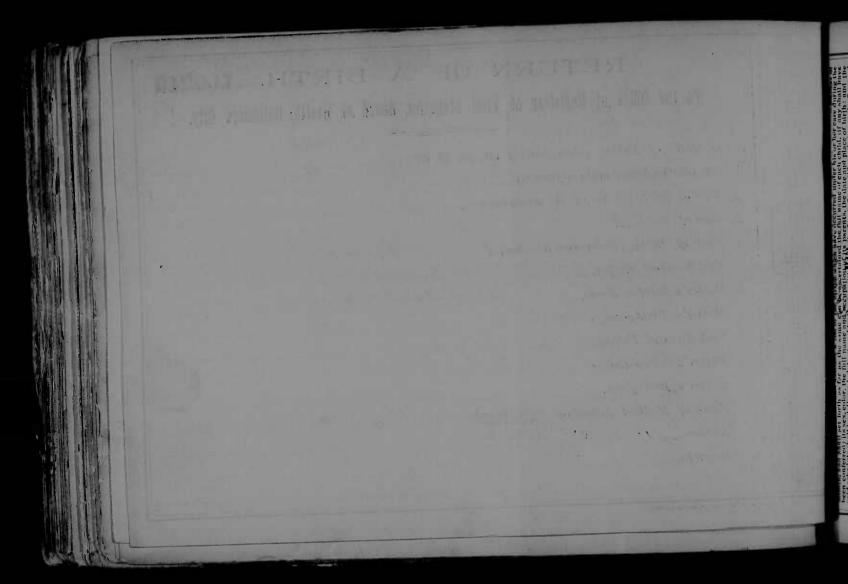
RETURN OF A BIRTH. L00239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

place the place		e Chi
ach rand rand rand rand rand rand rand rand	No.	of Child of Mother, (state whether 1st, 2d, 3d, &c)
date of certification of the c	1.	Sex, (state whether male or female) Male.
if man fee, the form of idwife he du nd wife ther fi		Race or Color, (if not of the white race)
processing the control of the contro	3.	Date of Birth, Opile 25th 1892
of its of its of its of its of its its of its of its of its of its of it	4.	Place of Birth, (Street and Number) 6/4 & Diddle
Profession of the reference of the refer	5.	Full Name of Mother, Ella Westjin
the for the process of the process o	6.	Mother's Maiden Name, 4 Soutchard
physic of the control	7.	Mother's Birthplace, Many Land
the same of a life sa	8.	Full Name of Father, Johnnes a Dectfin
Louis Flara title furth red, dr month dance r, imm Comm who s	9.	Father's Occupation. Book Keefser
callor color, delive delive e atter to the rsons (10) do	10.	Father's Birthplace, South Omerica
ta set far set far set far set far sex. all be and be out the set far		Name of Medical Attendant or other person who design Meynoed Med
his we list and shall sh		Address, 711 Colvert
th. T		Remarks,
Men mon said third shall atten child any s jectec		

WM. J. C DULANY & OC , CITY PRINTERS AND STATIONER





RETURN OF A BIRTH. L00241

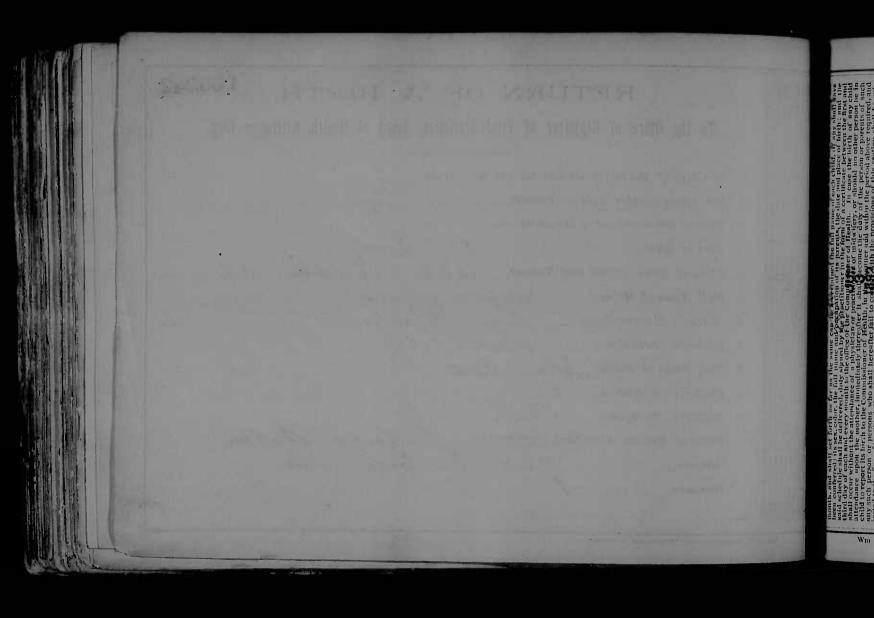
2. Race or Co	olor, (if not of the wi	hite race)			
3. Date of B	irth,		Averil	• • • • • • • • • • • • • • • • • • • •	
	Birth, (Street and Nu			ls.	*************
5. Full Nam	e of Mother,	Hoorie	Therbert		
	Maiden Name,				
	Birthplace,	20 11	City		
	e of Father,		Bert		
	Occupation,		1	•	
	Birthplace,	1	Eall.		
	Medical Attendant, or		Luna M	Oler	
	9			1	

RETURN OF A BIRTH. LOOZ42

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2.	Sex, (state whether male or female)
	Date of Birth, 27 Arril
	Place of Birth, (Street and Number) 1436 Caroline 11.
	Full Name of Mother, Hoagse Moarce
,	Mother's Maiden Name, - Suellen
7.	Mother's Birthplace, Ball cile
	Full Name of Father, John Mana
	Father's Occupation,
10.	Father's Birthplace, Ball, wife
	Name of Medical Attendant, or other person who Anna Walken
	Address, 92% V. Call Res
	Remarks,

Wm J C. Dulany Co., City Printers and Stationers.



RETURN OF A BIRTH. LUD243

2.	Race or Color, (if not of the white race)
	Date of Birth, 3 1 Amil
. 3	Place of Birth, (Street and Number) 1902 Charact
5.	Full Name of Mother, Meaning to Binning
6.	Mother's Maiden Name, Househer
	Mother's Birthplace, Ball.
8.	Full Name of Father, John Binnen
9.	Father's Occupation, =
10.	Father's Birthplace, Tall wike
	Name of Medical Attendant, or other person who have a Walland
	Address, 928 P. Cal
	Remarks,

n the	RETURN OF
	To the Office of Registrar of Vital Statis
No.	of Child of Mother, (state whether 1st. 2d, 3d
1.	Sex (state whether male or female),
2.	Race or Color (if not of the white race),
3.	Date of Birth,
4.	Place of Birth (Street and Number), //// 5
5.	Full Name of Mother,
6.	Mother's Maiden Name, Ch
8.	Mother's Birthplace, Elefanter,
	Father's Occupation,
	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return.
	Address, /2
	Remarks,

A BIRTH LOS44

stics, Board of Health, Baltimore City.

Fernall Galoreol Cara Millians gra Millians ndra Stilliana Nactural Baltúrial

erable	RETURN OF A BIRTH, L0024
es are recov	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
	To. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
g g	Race or Color, (if not of the white race)
u pasan	Date of Birth, (Street and Number) Man Line Arrate #8/7 Links
to be reco	5. Full Name of Mother, Land Cullinson
	5. Mother's Maiden Name, #8// Extract St. 7. Mother's Birthplace, #8// Extract St.
illars fo). Father's Occupation, Runn
of ten (10) d	Name of Medical Attendant, or other person who makes this Return,
o the fine	Address, Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

in child, in class, in planes of the bound in person of person of the pe	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
or the	1. Sex, (state whether male or female)
Addition of the control of the contr	Dage on Color (if not of the white race)
miretry of He me the tree the tree the tree the tree the	3 Date of Birth, May 12th 1892
sioner sioner mer of become muniti	3. Date of Birth, 4. Place of Birth, (Street and Number 11-2; Hopital 8/7 Link
striction commission of the co	5. Full Name of Mother, Annie Clark
or principal to be to be be to	6. Mother's Maiden Name, "
in by the second	7 Mother's Birthplace, /2/0 Finster alley
he of the column tells of	8. Full Name of Father, 9. Father's Occupation,
in fally in more of comments of comments to sha	9. Father's Occupation
trenda ther, in the Co	10. Father's Birthplace,
The action of th	Name of Medical Attendant, or other person who makes this Return,
THE PLANT OF THE PARTY OF THE P	Address,
report	Remarks,

Wm J C. Duiany Co., City Printers and Stationers.

RETURN OF A BIRTH & 100247 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No: of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race). 3. Date of Birth, 4. Place of Birth, (Street and Number) 5. Full Name of Mother, ... 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, ... 10. Father's Birthplace,.... Name of Medical Attendant, or other person who Address, Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

totlars	RETU
	To the Office of Registra
No.	of Child of Mother, (state u
1.	Sex (state whether male or
2.	Race or Color (if not of th
3.	Date of Birth,
4.	Place of Birth (Street and
5.	Full Name of Mother,
6.	Mother's Maiden Name,
7.	Mother's Birthplace,
8.	Full Name of Father,
9.	Father's Occupation,
10.	Father's Birthplace,
	Name of Medical Attendant
	Address,
	Remarks,

JRN OF A BIRTH A LOOS48

ar of Vital Statistics, Board of Health, Baltimore City.

No. o	f Child of Mother, (state whether 1st. 2d, 3d, &c.)
	Sex (state whether male or female), Ilunall
2. H	Race or Color (if not of the white race), Lolonal
3. L	Date of Birth, form on the 29 th fund of
4. F	Place of Birth (Street and Number), Offing str 1234
5. F	Full Name of Mother, Lyzie Cother Palinev
6. M	Nother's Maiden Name, Sizzil & Anustrang
	Mother's Birthplace, Ballunge
8. F	Full Name of Father, Linen Paline,
9. F	Father's Occupation, Coal alealer
10. I	Father's Birthplace, Baltinical
Λ	Name of Medical Attendant, or other person who Con Moore
A	Address, 1234 Elling str
	Remarks,

1	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	1. Sex, (state whether male or female)
	2. Race or Color, (if not of the white race)
a alla	3 Date of Birth, 27 2
	4. Place of Birth, (Street and Number Line) Unpital 8/7 Enhance
100	h. Full Name of Mother, Summe Sime
111	6. Mother's Maiden Name,
	7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, 10. Fother's Directors 11. Fother's Directors 12. Mother's Birthplace, 13. Mother's Birthplace, 14. Fother's Directors 14. Fother's Occupation,
	8. Full Name of Father,
	9. Father's Occupation.
2 to 1 to	Name of Medical Attendant, or other person who makes this Return.
6	Address, makes this Return.
	1555 45 8 2
t.	Remarks,

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Wm 1 C	. Dulany Co., City Printers and Stationers.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH LU0252
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Race or Color, (if not of the white race)
3. Date of Birth, 4. Place of Birth, (Street and Number)
5. Full Name of Mother, 6. Mother's Maiden Name,
7. Mother's Birthplace, 20/ Presson St. St. Full Name of Father,
9. Father's Occupation, 10. Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return,
Address, Remarks,
Wm J C. Dulany Co., City Printers and Stationers.

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m of I on the sum of by the sum of the sum o	7. Mother's Birthplace, Gamerie
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RETURN OF A BIRTHA LUGGET To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race) 3. Date of Birth, 4. Place of Birth, (Street and Number) 1113 Chase of 5. Full Name of Mother, Francis Hofmen 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, August Thofmann 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who change Taller Address, Remarks.

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RETURN OF A BIRTH. 1 100259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Mary 14 or 1892
4. Place of Birth, (Street and Number) Balting 2080, 6200 Street
5. Full Name of Mother, Januarlha Gallen Mayorech
6. Mother's Maiden Name, Grantha Ellen Loyson
7. Mother's Birthplace, Welcome 107 Allery
8. Full Name of Father, William Allsuft
9. Father's Occupation, Stach Spruer
10. Father's Birthplace, Aunafrolie
176 72 - 7 Add and or other person who Charles all all all all all
Address, 1045 Court
Remarks.

MI.J.C DULANY & CO , CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH L00260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Shird (3) Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 2 1/892

4. Place of Birth, (Street and Number) 2004 Wilking Ave

5. Full Name of Mother, Office Elizabeth Wiender

6. Mother's Maiden Name, Galfinine Elizabeth Wiender

7. Mother's Birthplace, Dalfinine William Selection

8. Full Name of Father, Ohomas Newy Jawl

9. Father's Occupation, Stary builder

10. Father's Birthplace, Baltinine Modern

Name of Medical Attendant, or other person who Address,

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WM. J. C. DULANY & CO., DITY PRINTERS AND STATIONS

RETURN OF A BIRTH. LOG261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race)... 3. Date of Birth, 4. Place of Birth, (Street and Number) 10 25 Joabella 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, ... 10. Father's Birthplace, Name of Medical Attendant, or other person who Address, Remarks.

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	RETURN OF A BIRTHA LOGS 62
	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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	No of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	1. Sex, (state whether male or female)
	2. Race or Color, (if not of the white race)
	3. Date of Birth, Leve 27th 1892
	4. Place of Birth, (Street and Number) X 10.04 9 ark received
	5. Full Name of Mother, 200 Q July 1991
	6. Mother's Maiden Name, 10 10 10 10 10 10 10 10 10 10 10 10 10
	8. Full Name of Father, Dearles A. Campbell
	9. Father's Occupation, Our Conductor
	10. Father's Birthplace, pensylvenia
	Name of Medical Attendant, or other person who
	Address, Menerly Station City
	Remarks,
	Wm J C. Dulany Co., City Printers and Stationers.

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The first of the f	Name of Medical Attendant, or other person who R 9 Route under Address, & 8 / Lefferson One Baltimare Remarks,
Am 1	C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTHA LOCAGA To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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ex, (State whether male or female). Make.
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ade of Birth,
Place of Birth, (Street and Number) 1422 Carroff St.
Full Name of Mother, Sarah Stadnian
Mother's Maiden Name, Sarah Savis
Wolher's Birthplace, Baltirrore.
Full Name of Father, Survey Squedinan.
Father's Occupation, Porter
Father's Birthpluce, Coultest
Name of Medical Attendant, or other person who Gracie Sarrie 818 Stcle Holm St.
Address, Stock Mount St.
Remarks, (6) WWW

RETURN OF A BIRTH. ALOOS65 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Walter S. 1. Sex, (state whether male or female) Meale 2. Race or Color, (if not of the white race) White 3 Date of Birth, June the 13 4. Place of Birth, (Street and Number) Mess Thomas Place No Vamber 5. Full Name of Mother, Lana Mc Chester 6. Mother's Maiden Name, Lara 1. Biddison 7. Mother's Birthplace, ... 8. Full Name of Father, 3/m Me lelester 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who Julia Green Address, No 1420 Liberty Road Remarks.

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Wm J C. Dulany Co., City Printers and Stationers.

IRTHA LOGA 6 Health, Baltimore City.

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1.	Sex. (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 1020 Courton of
4.	Place of Birth, (Street and Number)
5.	Full Name of Mother,
6.	Mother's Maiden Name, Ray
7.	Mother's Birthplace,
8.	Full Name of Father,
9.	Father's Occupation.
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who have this Return.
	Address, 1/2/10000000000000000000000000000000000
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RETURN OF A BIRTH.
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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3. Date of Birth, (Street and Number) [621 & Batt St.
5. Full Name of Mother, Lullie Isack 6. Mother's Maiden Name, Lesoart
7. Mother's Birthplace, Lieginia
8. Full Name of Father, John Sack 9. Father's Occupation, Looker
Name of Medical Attendant, or other Gerson who Mary Heir Address, 1427 Chart H.
Remarks,

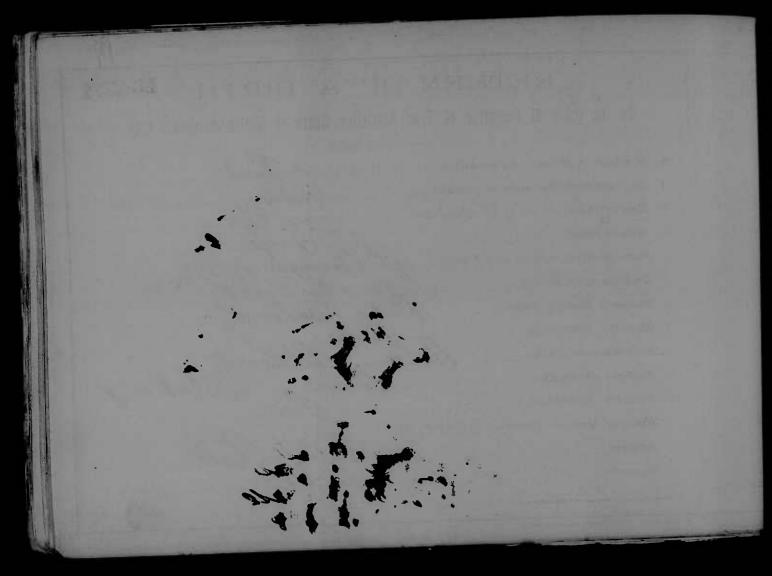
RETURN OF A BIRTH LOGS 69

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
	Race or Color, (if not of the white race)
3.	Date of Birth, 29 June
4/	Place of Birth, (Street and Number) 1285 Haye street.
5.	Full Name of Mother,
	Mother's Maiden Name, - Be Frectchark
7.	Mother's Birthplace, Germany
8.	Full Name of Father, Maik Surewastaki
	Father's Occupation, Lake
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who Meess B. Lievsemann.
	Address, 1225 Have street
	Remarks,

	RETURN OF A BIRTH LOO270
	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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insione toner of the mann ply wit	4. Place of Birth, (Street and Number) Jones 25: 823
it shu in the o com be rece	5. Full Name of Mother, Josie Selkovsky
realth r fail rce, to	6. Mother's Maiden Name, Sofie heleosty
ier of b offer	7. Mother's Birthplace, John 1000
nission hall h	8. Full Name of Father, Johan Clelkovsky
who s	8. Full Name of Father, O'chain Nelkovsky 9. Father's Occupation, Priss of Colorest
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s hirth	Name of Medical Attendant, or other person who makes this Return,
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RETURN OF A BIRTH LOGS72

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	26 of fines
4. Place of Birth, (Street and Number)	2018 Mary & Unna 0/2
5. Full Name of Mother,	Elisabeth Hausner
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Molf gang Hausnel
9. Father's Occupation,	dubon.
10. Father's Birthplace,	<u>, Jermanij</u>
Name of Medical Attendant, or other person who	essen Mid wife
Address, 2/16 West	Prattich
Remarks,	

meer of the the the the stand and the stand y child f be in f such ed, and be sub- erable.	RETURN OF A BIRTHA LOGS73
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to be broning to the day of the provisions her fines an	1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race)
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dute in certification of the plons of the pl	1. Sex, (state whether male or female)
o hell in minute in the of t	2. Race or Color, (if not of the white race)
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rins war rins war rins was ring was continued to come	5. Full Name of Mother, Maur Hamalur
the but the but the pr of the an or I licated refail	6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Roll Name of Father
inst of instance of the office	7. Mother's Birthplace,
anin a same to the to t	8. Full Name of Father,
rent control of the formation of the for	9. Father's Occupation,
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hith he did not be not	Name of Medical Attendant, or other person who
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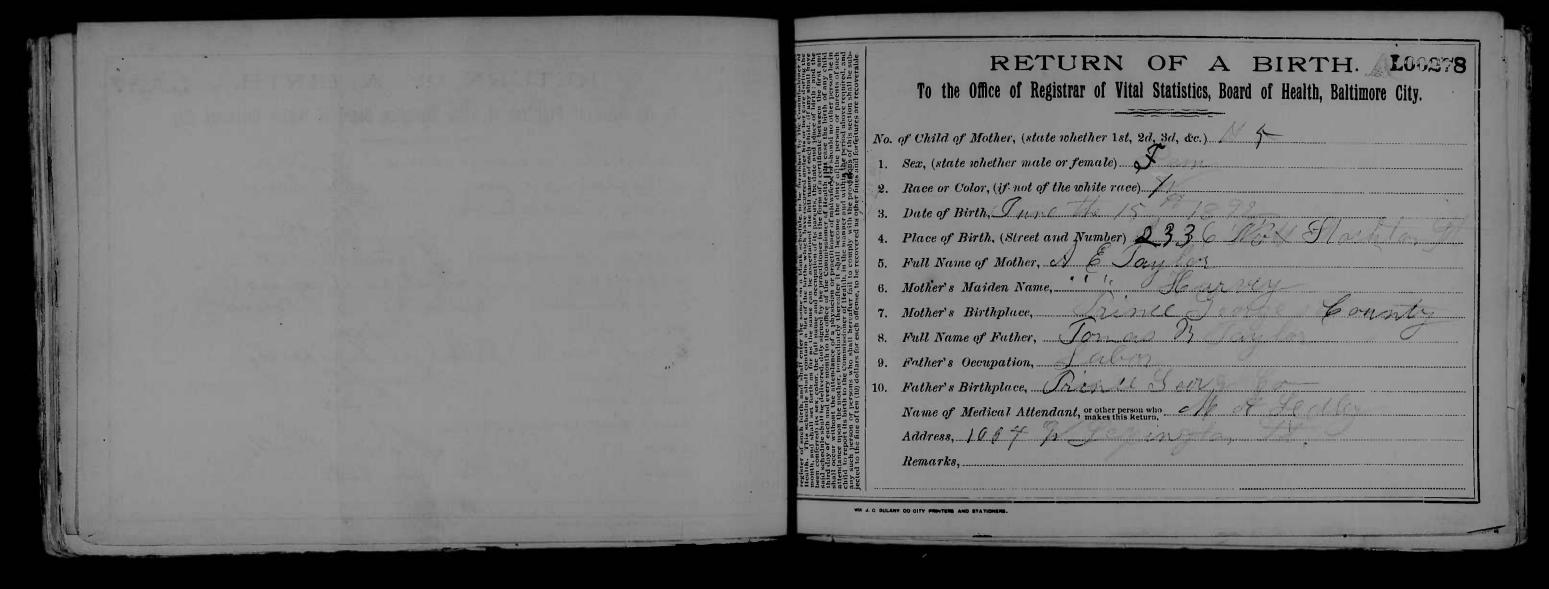
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interest parties whose charact our allowing the first and	9. Father's Occupation, Lelibric 10. Father's Birthplace, Baltimore Name of Medical Attendant, or other person who Sir Cleilie Baltynone Address, 122 J. Exeter str Remarks,

RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race)
13. Date of Birth, Wirelan June. 3. Date of Birth, Wireland Number) Ban n 19 guine. 801. Sestar
5. Full Name of Mother, Many Start S
7. Mother's Birthplace, Accornach by Shile. 8. Full Name of Father, William Wing.
9. Father's Occupation, Why. Occupation. 10. Father's Birthplace, Daltino
Name of Medical Attendant, or other person who M. Stuffs Name of Medical Attendant, or other person who Address, & Nidel Couto Address, & Nidel Couto
Remarks, Remarks,
WIN J. C. DULANY & CO., CITY PRINTERS AND STATIONERS WIN J. C. Dullany Co., City Printers and Stationers.

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in the first first and the first in the firs	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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under in the period of the per	1 Sem (state unhether male or female)
form of a line of the clark the clar	- La La La Calla conhita mana
chilony first the first pare from the stoner of m become f manumer si y with the	2. Race or Color, (if not of the white face) 3. Date of Birth, 4. Place of Birth, (Street and Number) 4. Place of Birth, (Street and Number)
rent whi partition of commission from the practition it shall it, in the i	4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name, 9 John's Holandski
of the band occur and occur by the precedent of the fician or the herenfer of Health fler fail	F 15-41 and a Printlenlary
in in itsu in the san y signed o the office of all above itsloner	& Full Name of Father. Trank Elegiersky
in the first in th	9. Father's Occupation, Present 10. Father's Birthplace, Prayen.
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erred) its erred) its of each its ir withou e upou i porr its l	Name of Medical Attendant, or other person who Address, Remarks, Soul La 838
recents. and accounts and accounts and account account account and account account account and account account account and account account and account acc	Remarks,
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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race).... 13 June 3. Date of Birth, 4. Place of Birth, (Street and Number) Slicean str, 1710 Roxarie Rabal 5. Full Name of Mother, ... 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, ... 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address, Remarks,

4 Washing 6

	RETURN OF A BIRTH. LOO280
	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
	Geter Francist Hutohimski
No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 6 Tanic 1891
4.	6 22 1/4 4 4
5.	Full Name of Mother, Quante Hearto Hearth Selection Rev.
6.	Mother's Maiden Name, 1/250 hove is No.
7.	Mother's Birthplace, Google with
8.	Full Name of Father, Johan Select himseli
9.	Father's Occupation, La Greet
10.	Father's Birthplace, Channey.
111	Name of Medical Attendant, or other person who makes this Return.
	Address, 1235 Have street.
	Remarks,

WM. J. O BULANY CO CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) // Vayo
3.	Date of Birth, 4 June
4.	Place of Birth, (Street and Number) Langue State of 1614
5.	Full Name of Mother, Ognes Milanie
6.	Mother's Maiden Name, Manes Offinska
7.	Mother's Birthplace, Ssleedayoh
8.	Full Name of Father, Vaviner Milonic
9.	Father's Occupation, Puch
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who
	Address, Marie Gresl.
	Remarks, 9 0500 24. 938

RETURN	OF	A	BIRTH	△ 100082
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Race or color, (if not of the white race). Colored
3.	Date of Birth, fun 2
4.	Place of Birth, (Street and Number). 16 Walhung M.
5.	Full Name of Molher, Current Suchacian
6.	Mother's Maiden Name, Lune Duchouse
7.	Mother's Birthplace,
8.	Full Name of Father, McKurves
9.	Father's Occupation,
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return.
	Address, Warfly Sala
	Remarks,

RETURN OF A BIRTH A LOOPES To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 3. Date of Birth, 1. June 1219. Have street. 4. Place of Birth, (Street and Number) 5. Full Name of Mother, Puce of Torres 6. Mother's Maiden Name, of comunity 7. Mother's Birthplace, French Lancasisti 8. Full Name of Father, 9. Father's Occupation, Jan Lyly Name of Medical Attendant, or other person who Division of Secretary Secretary of the Secre 10. Father's Birthplace, Address, 1225 Have stypet Remarks. Wm J C. Dulany Co., City Printers and Stationers.

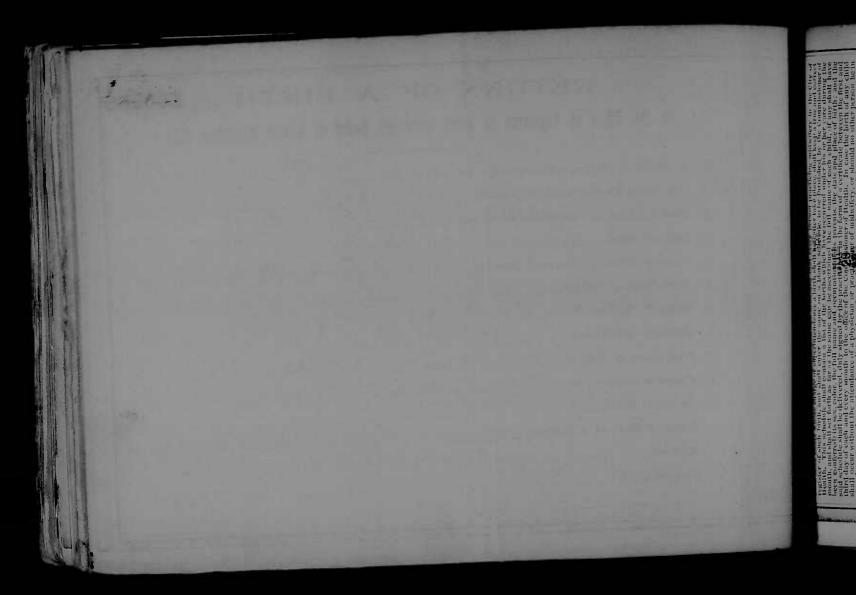
RETURN OF A BIRTH. A LOO284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Cheese of Mother, (obaco cheeses 100, 20, 50	11 /
1.	Sex, (state whether male or female)	Male
	Race or Color, (if not of the white race)	Marte
3.	Date of Birth,	une the 22.18.92
4.	Place of Birth, (Street and Number)	Judnick Dre W814 34t
5.	Full Name of Mother,	State Schar
6.	Mother's Maiden Name,	State rimbock
7.	Mother's Birthplace,	Baltimore 60 Mg
8.	Full Name of Father,	Alaryas Schar
9.	Father's Occupation,	Sadler
10.	Father's Birthplace,	germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs & Steller
	Address,	No 19, 23 William done
	Remarks,	

RETURN OF A BIRTH. ALOUSS To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race)... 3. Date of Birth, 1111 4. Place of Birth, (Street and Number) 5. Full Name of Mother, Lala 6. Mother's Maiden Name, XCC 7. Mother's Birthplace, Selan one 8. Full Name of Father, // 111/160 9. Father's Occupation, Ala 10. Father's Birthplace, Icw /// 11/ > Name of Medical Attendant, or other person who Address, / 2 6 Ling (Sinc It Remarks, Wm J C. Dulany Co., City Printers and Stationers.

The state of the s	RETURN OF A BIRTH. A LOO286
Services of the services of th	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
A section of a sec	- Itu
	No of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	1. Sex, (state whether male or female)
	2. Race or Color, (if not of the white race)
	3. Date of Birth, 11 M& 3/18
of the state of th	4. Place of Birth, (Street and Number) 300 / Con R Cas 183
	5. Full Name of Mother, (Cythyn Line)
	6. Mother's Maiden Name, Calhiem Lell
	7 Mother's Birthplace, Boy Manager
	8. Full Name of Father, Thomas Junit.
	9. Father's Occupation, Suglish.
	10. Father's Birthplace, On Ct.
# 15	Name of Medical Attendant, or other person who Alan Source
	Address, 726 Ly One St.
	Remarks,
Wm .	J C. Dulany Co., City Printers and Stationers.



RETURN OF A BIRTH LOO287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. 4
No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) Ingle
2.	Race or Color, (if not of the white race) 6 Area
3.	Date of Birth, 27. gunl,
4.	Place of Birth, (Street and Number) Burgundy st 618 Balto city
5.	Full Name of Mother, Toucha . N. Syl
6.	Mother's Maiden Name, Zouisa AofinSon
7.	Mother's Birthplace, W asking ton
8.	Full Name of Father, Wm J., Lyl
9.	Father's Occupation, Wholsterere
10.	Father's Birthplace, Ballimore cety
	Name of Medical Attendant, or other person who millie - 4 XIII
	Address, Q/8. ork street
	Remarks,

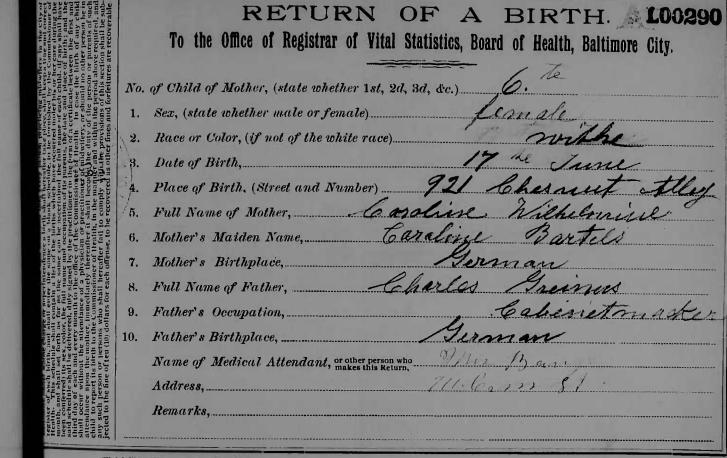
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RETURN OF A BIRTH. A LOO288 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2./	Race or Color, (if not of the white race)
3.	Date of Birth, 25 frame 1892
4.	Place of Birth, (Street and Number) Lify 1180 Manticotes al
5.	Full Name of Mother, Ofizer's Sex
6.	Mother's Maiden Name, Line & Tycle
7.	Mother's Birthplace,
8.	Full Name of Father, Defer & acot Meralica
9.	Father's Occupation, Locksmith Bellhanger
10.	Father's Birthplace, Bathing
	Name of Medical Attendant, or other person who have this Return, 13.11.9.
	Address, 711 Company
	Remarks,

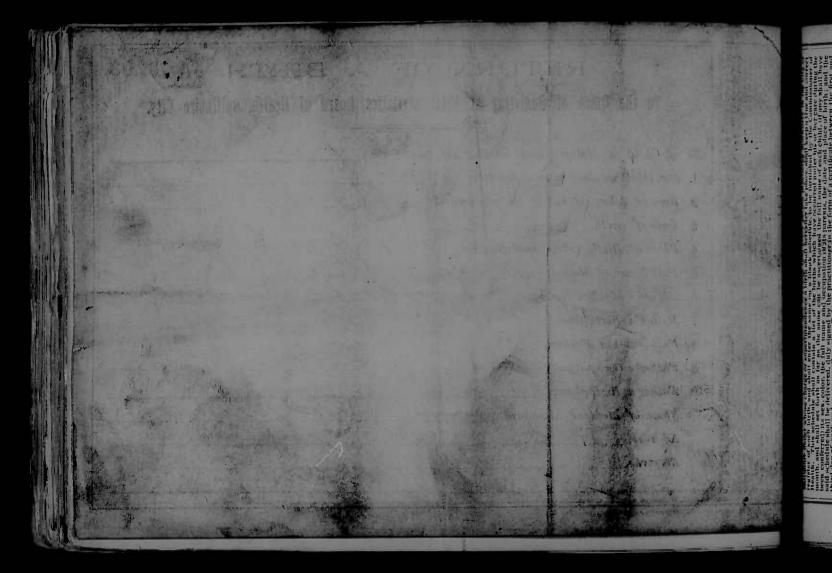
RETURN OF A BIRTH LO0289 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Just Bil. Sex, (state whether male or female) Kenzale 2. Race or Color, (if not of the white race) White 3. Date of Birth, 21 June 4. Place of Birth, (Street and Number) 1222 South Butter Street 5. Full Name of Mother, Lizze Obladay 6. Mother's Maiden Name, Liggie Supp 7. Mother's Birthplace, 20 Sport Bollo. 8. Full Name of Father, Jacob Olhuley 9. Father's Occupation, Muchinest 10. Father's Birthplace, 25 chforth Balco Name of Medical Attendant, or other person who Address, Remarks



RETURN OF A BIRTH AL00291 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. second No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 3. Date of Birth, 1151. Ridgely Threes 4. Place of Birth, (Street and Number) ... 5. Full Name of Mother, Anga Runigunde Relete 6. Mother's Maiden Name, Inna Runiqueste Hildebrand 7. Mother's Birthplace, Hastimoke 8. Full Name of Father, Louis Wilhelin Felin Gran Koelerke 9. Father's Occupation, 10. Father's Birthplace, Frank Irhweig Work & Name of Medical Attendant, or other person who makes this Return. Address. Remarks ...

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. Mary Louise Dimeak No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Scx, (state whether male or female). 2. Race or Color, (if not of the white race) 3. Date of Birth, 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace,.... 8. Full Name of Father, 9. Father's Occupation,.... 10. Father's Birthplace, ... Name of Medical Attendant, or other person who makes this Return. Address, Remarks, WM. J. C. DULANY & OD., CITY PRINTERS AND STATIONER

all be su coverab	RETURN OF A BIRTH.
are r	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci
eiture	Frederick) In The
Ne	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Se cond
1	. Sex, (state whether male or female) male
	. Race or Color, (if not of the white race) wht
든정	. Date of Birth, June 30.1892
	. Place of Birth, (Street and Number) 897 N. Howard St.
5	Full Name of Mother, Therrietta Spies
6	. Mother's Maiden Name, ' Leffet
7	. Mother's Birthplace,
	. Full Name of Father, Jus M Spies
Bars 6	Father's Occupation, Cleric
10	. Father's Birthplace, Wa
	Name of Medical Attendant, or other person who G Lave Tanyhell Address, //03 Madeson are.
e hne	Address, 1103 madeson ave.
	Remarks,

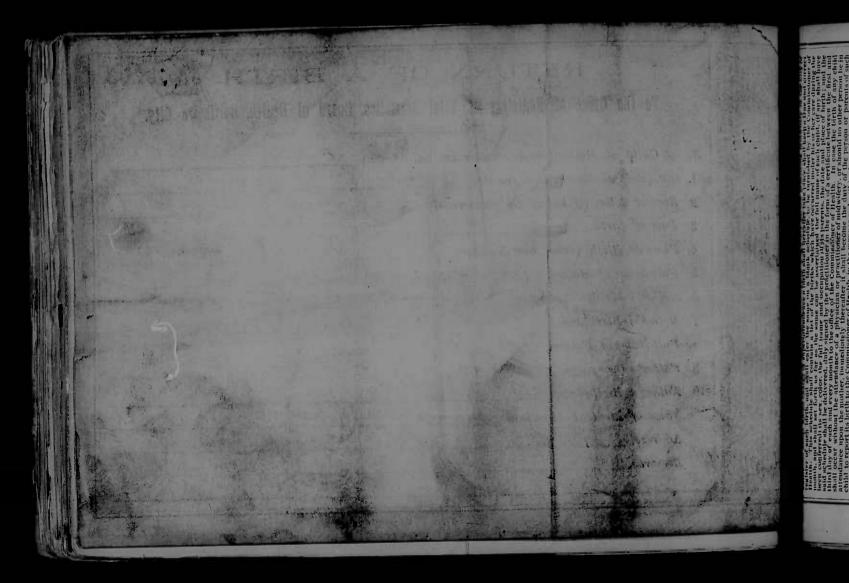


RETURN OF A BIRTH. LO0294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.) The
1.	Sex, (state whether male or female).
2.	Race or Color, (if not of the white race)
3.	Date of Birth, ful 17 th 1892
4.	Place of Birth, (Street and, Number) 145 O den H
õ.	Full Name of Mother, Chia Winking
6.	Mother's Maiden Name, John Columna
7.	Mother's Birthplace, Pohron Payin
8.	Full Name of Father, Stuck (Wenter)
9.	Father's Occupation, Herz & Ruce
10.	Father's Birthplace, Pant tango
	Name of Medical Attendant, or other person who / Met W. Some for
	Address, 1/77
	Remarks,

WIN J C DULANY CO CITY PROTEIN AND STATIONES



RETURN OF A BIRTH. LOO294 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, ful 17 th 1492
4.	Place of Birth, (Street and, Number) 145 6 den H
5.	Full Name of Mother, Chia IV ming
в.	Mother's Maiden Name, John Culumna
7.	Mother's Birthplace, Pohrow Russia
8.	Full Name of Father, Stuck (Weinterg
9.	Father's Occupation, Level Runs
10.	Father's Birthplace, Pout Carlos
	Name of Medical Attendant, or other person who / Medical Attendant, makes this Return,
	Address, ////
	Remarks,

RETURN OF A BIRTH To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1. Sex, (state whether male or female)..... 2. Race or Color, (if not of the white race) 21 12 3. Date of Birth 4. Place of Birth. (Street and Number) Stor Long State 5. Full Name of Mother, 6. Mother's Maiden Name, ... 7. Mother's Birthplace,.... De many 8. Full Name of Father, ... 9. Father's Occupation, 10. Father's Birthplace, Dermany Name of Medical Attendant, or other person who Address, Abro Mary & Shockny

RETURN OF A BIRTH. L00296 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female)..... male 2. Race or Color, (if not of the white race)..... with 5 Time 3. Date of Birth, 4. Place of Birth, (Street and Number) 2336, Haklan Swett 5. Full Name of Mother, Margaretha Kog lev 6. Mother's Maiden Name,..... Ichnig Ler 7. Mother's Birthplace,..... Germen 8. Full Name of Father, 9. Father's Occupation, 10. Father's Birthplace, Germenn Name of Medical Attendant, or other person who makes this Return,

RETURN OF A BIRTH. LOO297
To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
Place of Birth, (Street and Number) 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace, B. C. St. St. St. St. St. St. St. St. St. St
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
Name of Medical Attendant, or other person who
Address, Address,
Remarks,
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Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. LOO298 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First & Lieurant & Loo298 No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
We of While of Mother (state enlether let 22 22 to live to hild	
104 AV-0 IVO Of Cittle of Motiter, (State withther 18t, 2a, 3a, etc.)	
Sex, (state whether male or female)	and a street
Race or Color, (if not of the white race) Colorel	-
Date of Birth, June 13	
4. Place of Birth, (Street and Number) 504 browaly	
5. Full Name of Mother, Mary Lagon	
6. Mother's Maiden Name, Marry Mongrue	-
7. Mother's Birthplace, St mary bounty	-
8. Full Name of Father, Login Thinm	-
9. Father's Occupation, Ston in Store	1
10. Father's Birthplace, st mary lounty	-
Name of Medical Attendant, or other person who	
E E Address	
Remarks, Salistor Gook 108 spellede aly	
Wm J C. Dulany Co., City Printers and Stationers.	-

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RETURN OF A BIRTH LO0299

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d,	3d, &c.) 3 -6 - hild
1.	Sex, (state whether male or female)	Final
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	East Pratt of
4.	Place of Birth, (Street and Number)	1/ Jame
5.	Full Name of Mother,	Jehnie Lanis
6.	Mother's Maiden Name,	Gronorn
7.	Mother's Birthplace,	Balti mose
8.	Full Name of Father,	Jem Dunis
9.	Father's Occupation,	6 Cark
10.	Father's Birthplace,	Buttimore
	Name of Medical Attendant, or other person who	Al 31 Detak
	Address,	70114 douth hand st
	Remarks,	

RETURN OF A BIRTH. 400300 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).... 1. Sex, (state whether male or female) fund 2. Race or Color, (if not of the white race) White Jun 711892. 3. Date of Birth,.... 4. Place of Birth, (Street and Number) 10 Carroll St. 5. Full Name of Mother, Latie Thurshoult Stein. 6. Mother's Maiden Name, Katie 7. Mother's Birthplace, Battungore Marylan 8. Full Name of Father, Stry Kleger 9. Father's Occupation, Quite 10. Father's Birthplace, Saltumes my Name of Medical Attendant, or other person who Address, 952, Fudruel lowers. Remarks,

RETURN OF A BIRTH. 100301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex, (state whether male or female)	Figurale)
2.	Race or Color, (if not of the white race)	Ofhito
3.	Date of Birth,	June 7, 1892
4	Place of Birth, (Street and Number)	261 Steath St
· 16.	Full Name of Mother,	Annie Sconvisenaus
6.	Mother's Maiden Name,	Annie Porst.
7.		
8.	Full Name of Father,	Mocked Scorwisen
9.	Father's Occupation,	Backer
10.	Father's Birthplace,	Cermany
	Name of Medical Attendant, or other person who makes this Return,	M. P. Casker
	Address,	213 6 Steather
	Remarks,	α ' (8)/ α

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WM J C BULANY CO CITY BENEVERS AND STATISTICS

RETURN OF A BIRTH LO	0302
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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4.	Place of Birth. (Street and Number) 1.1844 Hanney
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6.	Mother's Maiden Name, // Meade
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WM J. C BULANY GO CITY PRINTERS AND STATIONERS.

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6.	Mother's Maiden Name, Many Grane
7.	Mother's Birthplace, Cambley County Missisip
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	Address, 213 Natt Chapel st per Justina hunker
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RETURN OF A BIRTH A LOO310

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

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And the state of t	8. Full Name of Father, Huses Friendship 9. Father's Occupation, Butcher 10. Father's Birthplace, Emange
A state of the sta	Name of Medical Attendant, or other person who How Geerle Serus & Address, 122 J. & xeter 14. Remarks,
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RETURN OF A BIRTH LOO322 To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City. David Silberman No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d 2. Race or Color, (if not of the white race) white 3. Date of Birth, dene 25' 1892 4. Place of Birth, (Street and Number) 2 316 M. 6 x len st Janny Silleerman 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father,.... 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who firs beeiling services

Address, 122 S. Exelen st. Remarks.

RETURN OF A BIRTH. LOOS 23

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d
1	Sex, (state whether male or female) fencale
2.	Race or Color, (if not of the white race) white
à.	Date of Birth, June 28, 1892
4.	Place of Birth, (Street and Number) 510 Asque The st
5.	Full Name of Mother, Susie Sakvesky
6.	Mother's Maiden Name,
7.	Mother's Birthplace, Envoye
8.	Full Name of Father, Louis Sakolsky
9.	Father's Occupation. Jailar
10.	Father's Birthplace, Europe
	Name of Medical Attendant, or other person who Alis Celeine Bernestee
	Address, 129 S. Exeten str
	Remarks,

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RETURN OF A BIRTH 100324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
í	1.	Sex, (state whether male or female)
		Race or Color, (if not of the white race)
	3.	Date of Birth, June 30 1/89
		Place of Birth, (Street and Number) 540 Mg Meder
i		Full Name of Mother, bather teller
	6.	Mother's Maiden Name, Catherne Delie 9
	7.	Mother's Birthplace, Scillings
	8.	Full Name of Father, Joseph Halleiner
	9.	Father's Occupation. Wifi Dycker
ı	10.	Father's Birthplace, Bakting
		Name of Medical Attendant, or other person who makes this Return, Mrs. Lower a Messenger
		Address, 543 Mgc Mcler St
		Remarks,
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RETURN OF A BIRTH LUMB

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RETURN OF A BIRTH LO0325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number) 1003 Enson st

5. Full Name of Mother, Johanna Fitzgerald

6. Mother's Maiden Name, ..

7. Mother's Birthplace, Such Full Name of Father, Duck Fitzgeral

9. Father's Occupation. Shoes Haker

Name of Medical Attendant, or other person who has becilie Berry Level

Address, 122 S. Exelevat

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RETURN OF A BIRTH. L00326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

rfeite	No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
and fe		Sex, (state whether male or female)
fines	2.	Race or Color, (if not of the white race)
s other	3.	Date of Birth, June 18192
ered a	4.	Place of Birth, (Street and Number) 7013 E. Federal
recov	5.	Full Name of Mother, Mrs J. F. Ellis
, to be	6.	Mother's Maiden Name, Mollie Shorw ood
offense	7.	Mother's Birthplace, Yallo
each o	8,	Full Name of Father, Two F Ellis
ars for		Father's Occupation, Cannaker
) dolla		Father's Birthplace, Sults
ten (I		Name of Medical Attendant, or other person who W T Water
ine of		Address, 1519 N. Broadway
the fi		Address,
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WM. J. C. BULANY CC CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. LOOSE? To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, do. A.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 3. Date of Birth, (Street and Number) 4. Place of Birth, (Street and Number) 5. Full Name of Mother, (Street and Number) 6. Mother's Maiden Name, (Matt. Street) 7. Mother's Maiden Name, (Matt. Street) 8. Full Name of Father, (Street and Number) 9. Father's Occupation 10. Father's Occupation 10. Father's Birthplace, (Matt. Street) 10. Father's B
Wm. J. C. Dulany Co., City Printers and Stationers.
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stante who who we will arrive arrive comply or recording to the comply or recording the complete the comp	5. Full Name of Mother, L. Collins
of the	6. Mother's Maiden Name, T.J. Mason,
der far far far far far far far far far fa	7. Mother's Birthplace, Manyla S.
ter the single signed to the phinter signed to the phinter signed to the	8. Full Name of Father, 4. Collins,
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RETURN OF A BIRTH To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).... 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race)____ 3. Date of Birth, 4. Place of Birth, (Street and Number) 1634 N Fanyale St 5. Full Name of Mother, Union . Michaelan 6. Mother's Maiden Name, Marson. Marson 7. Mother's Birthplace,..... 8. Full Name of Father, 9. Father's Occupation 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. Address,.... Remarks. -

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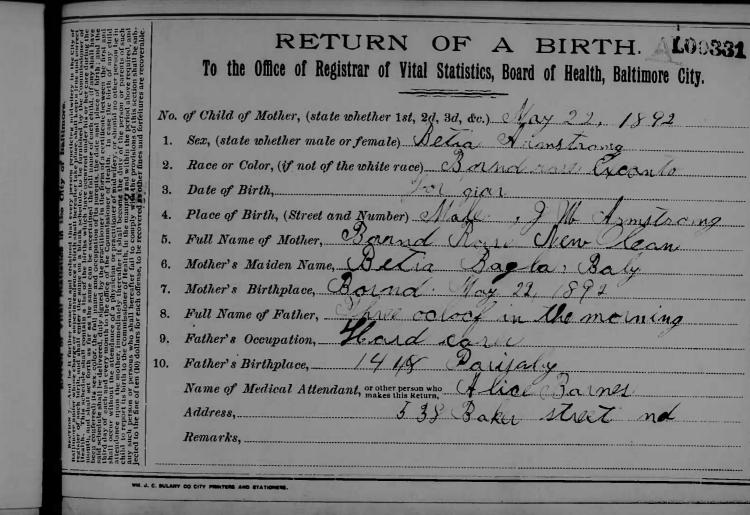
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RETURN OF A BIRTH. LOS30
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1.	Sex, (state whether male or female)	Fellale
2.	Race or Color, (if not of the white race)	
3.	Date of Birth,	
4.	Place of Birth, (Street and Number)	
5.	Full Name of Mother,	Annie E. Hall
6.	Mother's Maiden Name,	Russell
7,	Mother's Birthplace,	Ballo.
8.	Full Name of Father,	
9.	Father's Occupation,	
10.	Father's Birthplace,	
	Name of Medical Attendant, or other person who makes this Return,	R. E. L.
	Address,	Hanou Stew Berry
	Remarks,	

WM. J. C. BULANY CO CITY PRINTERS AND STATIONS



RETURN OF A BIRTH. LOG332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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which was a control of the man is a complete o	11.1	Full Name of Mother, Alice Page
birthe bearing or practi or practi in single	-	Mother's Maiden Name, Him Cooler
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ntain r as in fully sith to the rece of nedial munission eshall		valo: 6
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chedual set its set all set its set all be a		Name of Medical Attendant, or other person who Wiskestury, Wiskest
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th. an to the confession of th		Remarks,
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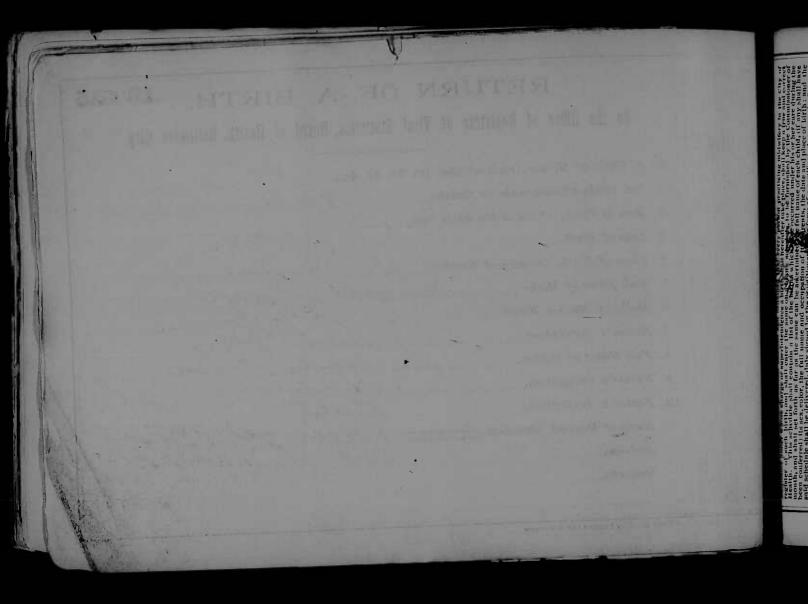
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Chita of Mother, (state whether 1st, 2u, 5u, 6c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, Jone 6,1892
4.	Place of Birth, (Street and Number)
5.	Full Name of Mother, Many Cegus Muchaels
6.	Mother's Maiden Name,
7.	Mother's Birthplace,
	Full Name of Father, Sulla germ. J. C. Muchaels
9.	Father's Occupation, June chaul.
10.	Father's Birthplace, Ballo.
	Name of Medical Attendant, or other person who Educary Moderate
	Name of Medical Attendant, makes this Return, Lob Cienyich S.
	Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) neals 1. Sex, (State whether male or female). 2. Race or color, (if not of the white race) ... nue 20 1892 3. Date of Birth, 4. Place of Birth, (Street and Number) 305 Hanne maggie u. Howell 5. Full Name of Mother, 6. Mother's Maiden Name, Cockeysule end 7. Mother's Birthplace, ... John y. Stowell 8. Full Name of Father, 9. Father's Occupation, ... 10. Father's Birthplace,... Name of Medical Attendant, or other person who 807 N Anhiphis Address, Remarks,

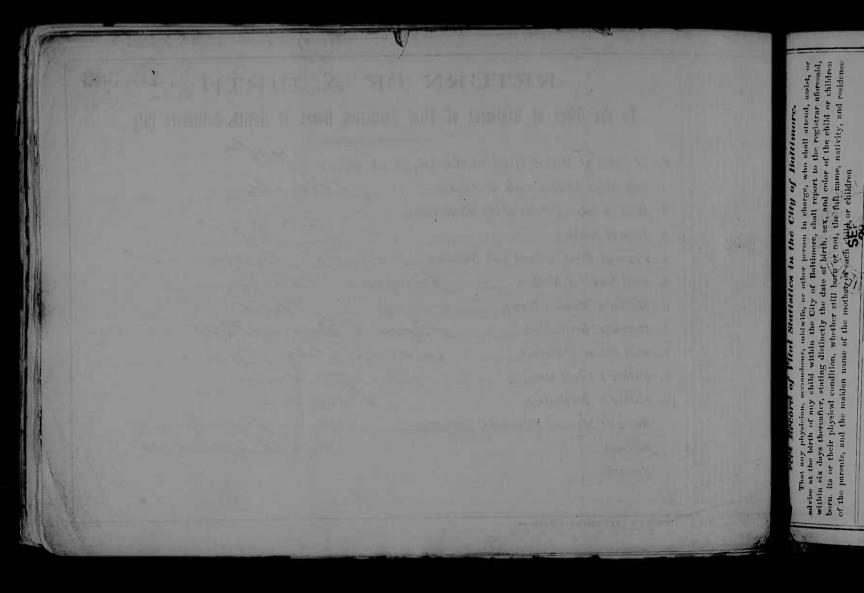
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	1. Sex, (state whether male or female)
	2. Race or Color, (if not of the white race) 3. Date of Birth,
	4. Place of Birth, (Street and Number) 26 Jacksuc Zejuur
	5. Full Name of Mother, Bertha Branch
	6. Mother's Maiden Name, 6. Mother's Birthplace.
	7. Mother's Birthplace, The state of the st
	9. Father's Occupation,
	See 10 10 Father's Rirthplace
	Name of Medical Attendant, or other person who constant the property of the pr
	Address,
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RETURN OF A BIRTH LOUGS 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

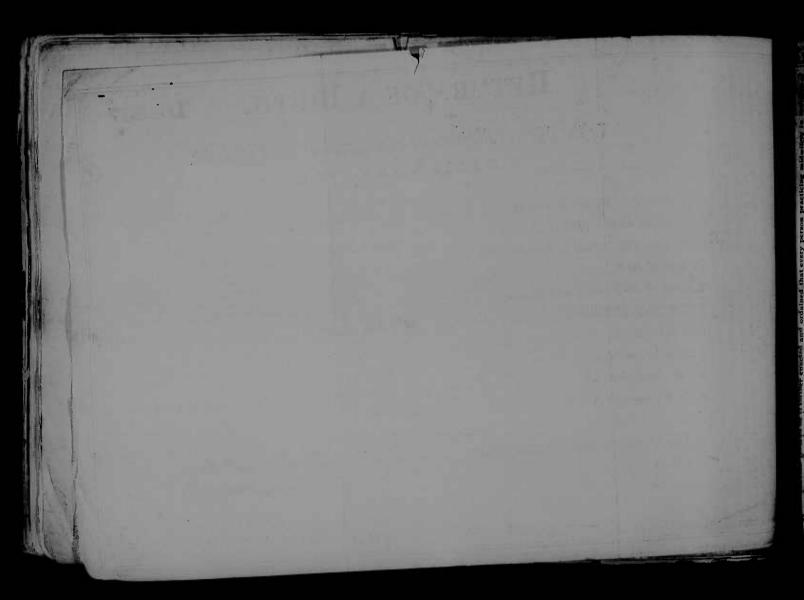
IVO	of Unita of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) Penuale
	Race or Color, (if not of the white race)
3.	Date of Birth, Some 97892
4.	Place of Birth, (Street and Number) 1907 E. Januard St.
5.	Full Name of Mother, Rachael Zeibman
6.	Mother's Maiden Name, 4 Suld
7.	Mother's Birthplace, Hessen Sanustall General
8.	Full Name of Father, Oscar Leibman
9.	Father's Occupation, Lille Chenin
10.	Father's Birthplace, Prussia
	Name of Medical Attendant, or other person who Ever con Plus South
	Address, 208 august se
	Remarks,
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RETURN OF A BIRTH. A LOUSSIT

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

	The state of the s
1	No. of Child of Mother (state whether 1st, 2d, 3d, &c.)
Jay 1	. Sex (state whether Mule or Female) Male
7	. Race or Color (if not of the white race)
3.	Date of Birth
41.1	(
5.	Full Name of Mother Kate forces
6.	Mother's Maiden Name Rate Medairy
7.	Mother's Birthplace Saltimon
8.	Full Name of Father John L. Jones
10	Futher's Occupation Carpenter
10.	Father's Birthplace
	Name of Medical Attendant, or other Person who makes this Return.
	Address M.
	Remarks 773 M. exting ton S.



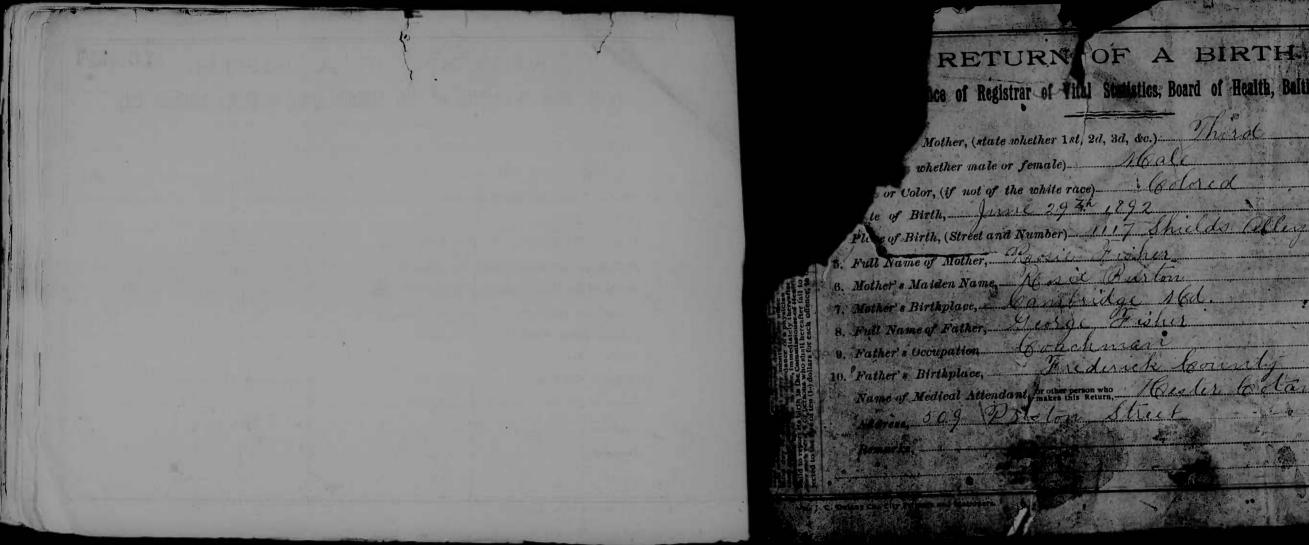
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RETURN OF A BIRTH.

To the sace of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No.	Chile of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) 16016
zi 2. °	Race or Color, (if not of the white race) (Ades col
3.	Date of Birth, Jally 14th 1892
4.	Place of Birth, (Street and Number) 236 Landest St.
5.	Full Name of Mother, AGAS NErlie Decreey
6.	Mother's Maiden Name, Mod Cil Gikson
7.	Mother's Birthplace, Charletorice Va.
8.	Full Name of Father, William Burnsul
9	Father's Occupation Coachman
10.	Father's Birthplace, Easton Mangland
T.	Name of Medical Attendant, or other person who Letter Cotanes
July 1	Address, 509 Prestow St.
	Remarks,



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Mother, (state whether 1st, 2d, 3d, &c.)	是是一个女女女子
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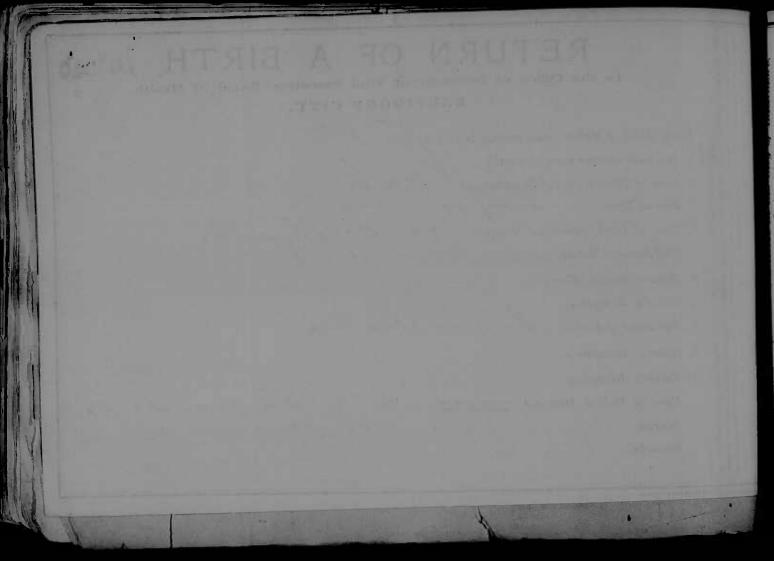
RETURN OF A BIRTH 100340

To the Office of Registrar of Vital Statistics, Board of Health,

-	BALTIMORE CITY.
	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
얾	1. Sex, (state whether male or female)
4	2. Race or Color, (if not of the white race)
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r of su	4. Place of Birth, (Street and Number) 5. Full Name of Mother, Ass Jones See
mothe	6. Mother's Maiden Name,
of the	7. Mother's Birthplace,
pathe e	7. Mother's Birthplace, 8. Full Name of Father. 8. Full Name of Father.
iden i	9. Father's Occupation,
the m	10. Father's Birthplace,
, and	Name of Medical Attendant, or other Person who makes this Return 1218 Medison a
eni	Address,

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Remarks,

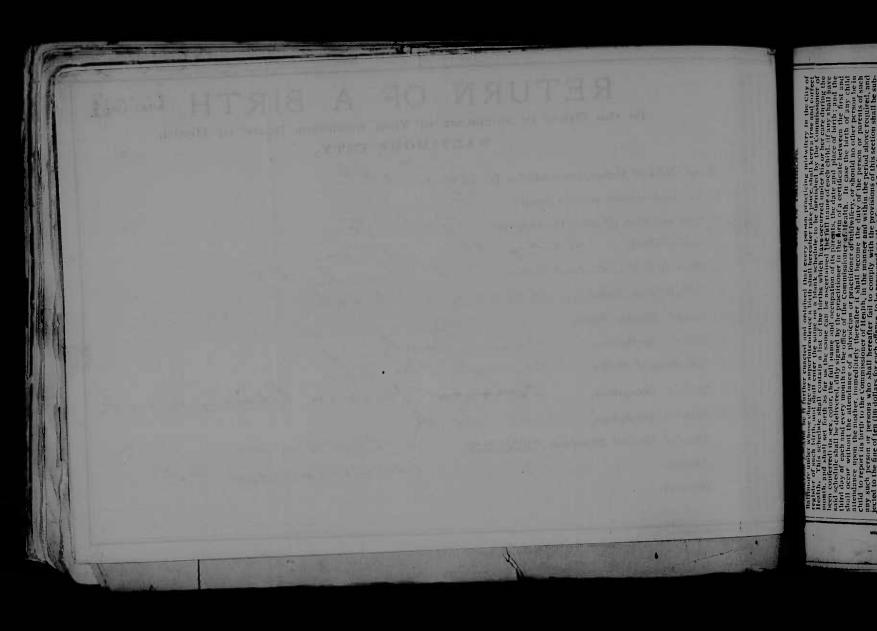


RETURN OF A BIRTH LOGS 41 To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

	. 1/6
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
. Sex, (state whether male or female)	le_
Race or Color, (if not of the white race)	Le.
3. Date of Birth, Quey (0 .	192
. Place of Birth, (Street and Number) 3/5	Pearl Sh
5. Full Name of Mother.	Bulsh
3. Mother's Maiden Name,	4
. Mother's Birthplace, Ver for	X ,
3. Full Name of Father, Level 13	alsh
	Boss on Labour, work
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10. Father's Birthplace, You Tork	
Name of Medical Attendant, or other Person who	Jog Frouvie Med.
	218 Madison and
Address,	
Remarks,	

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RETURN OF A BIRTH. 100342 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) Decond child
1.	Sex, (state whether male or female). Tiemale
2.	Race or Color, (if not of the white race) White
3.	Date of Birth, Auly / th
4.	Place of Birth, (Street and Number) 804 W. Pratt St Balto Md
5.	Full Name of Mother, Chice Geresa His don.
6.	Mother's Maiden Name, Slice J. Smith
7.	Mother's Birthplace, Balto MA.
8.	Full Name of Father, John Thomas Higdon
9.	Father's Occupation, Salven
10.	Father's Birthplace, 13alto Ald.
	Name of Medical Attendant, or other person who Mrs Schach
	Address, 35 W Part 21
	Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d 1. Sex, (state whether male or female) Male 2. Race or Color, (if not of the white race) White 3. Date of Birth, July 2 7 4. Place of Birth, (Street and Nymber) 2816 Ceder arme Balt-Cils 5. Full Name of Mother, Abager Wintersuan 6. Mother's Maiden Name, ... county Ald 7. Mother's Birthplace,... george yimerman 8. Full Name of Father, Rail Roader 9. Father's Occupation .. Balt = Co Ald 10. Father's Birthplace, ... Name of Medical Attendant, or other person who Mus D Martin 2804 Geder annu Balt = City " Remarks,

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RETURN OF A BIRTH. A L00344

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)....

3. Date of Birth,

4. Place of Birth, (Street and Number)

7. Mother's Birthplace,

8. Full Name of Father,...

9. Father's Occupation, ...

10. Father's Birthplace,....

Name of Medical Attendant, or other person who makes this peturn.

Address,

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Remarks, ...

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Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. A L00345

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, Ester 3 1892
4.	Place of Birth, (Street and Number) Fagell & 87
5.	Full Name of Mother, Manage Janeur
6.	Mother's Maiden Name, manda Woles-
7.	Mother's Birthplace, Baltinery Gin
8.	Full Name of Father, Les
9.	Father's Occupation, Gas production
0.	Father's Birthplace, Golterson Sita
	Name of Medical Attendant, or other person who Jusam Hunter
	Address, 23 N Payspalton St
	Remarks,

RETURN OF A BIRTH To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). Sex, (State whether male or female) 2. Race or color, (if not of the white race) 3. Date of Birth, July they 4. Place of Birth, (Street and Number) 5. Full Name of Mother, lond dick 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation ... 10. Father's Birthplace,... Name of Medical Attendant, or other person who makes this Return, ... Address,.... Remarks, ...



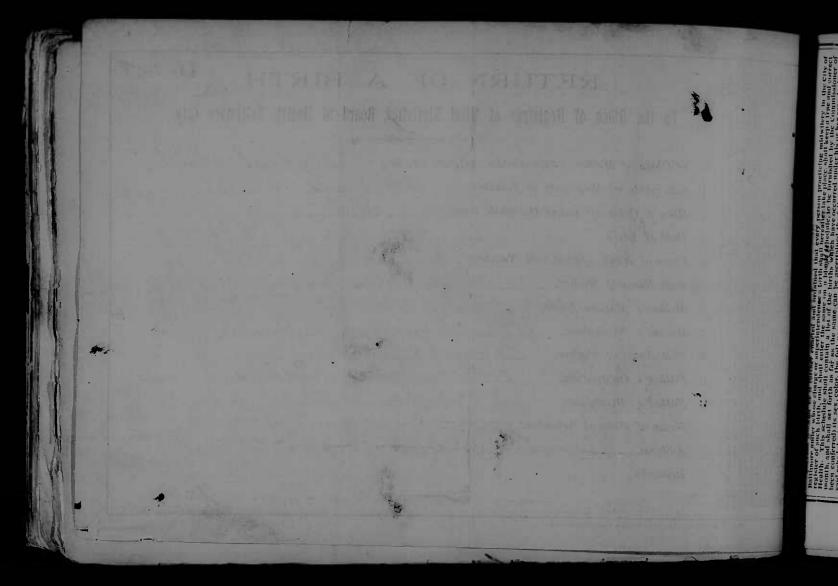
RETURN OF A BIRTH. A LOCS47

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	So cold 1 13
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) colord
3.	Date of Birth, 5 of july 18.99
	Place of Birth, (Street and Number) (229 No St
	Full Name of Mother,
	Mother's Maiden Name, I da Lorses
	Mother's Birthplace, Baltimore M.D
	Full Name of Father, Major Markin
	Father's Occupation, But Laborer Laborer
	Father's Birthplace, Virgina
	Name of Medical Attendant, or other person who Jusan Howher
	Address, 123 Noturnam street
4	Remarks.

Remarks,

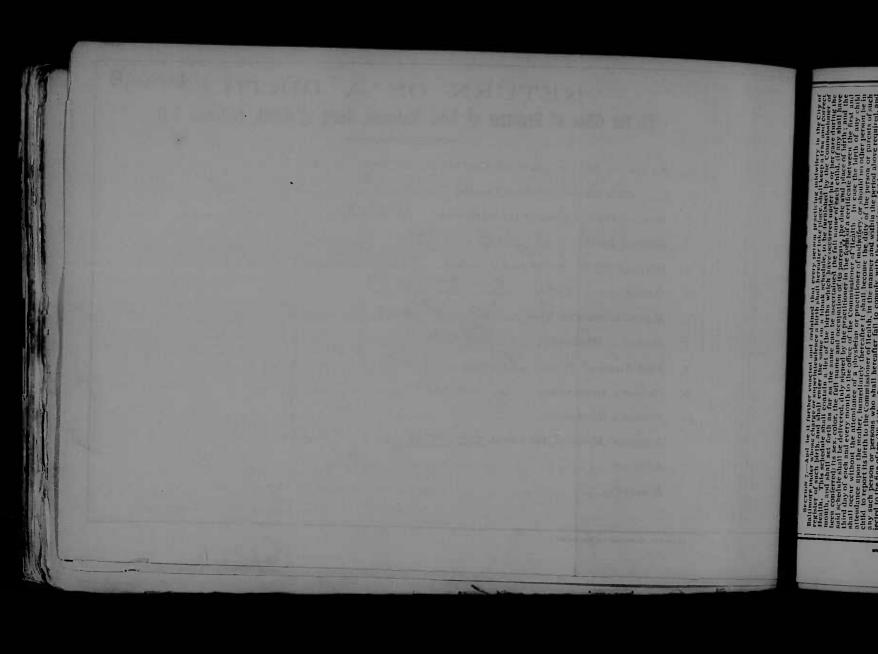
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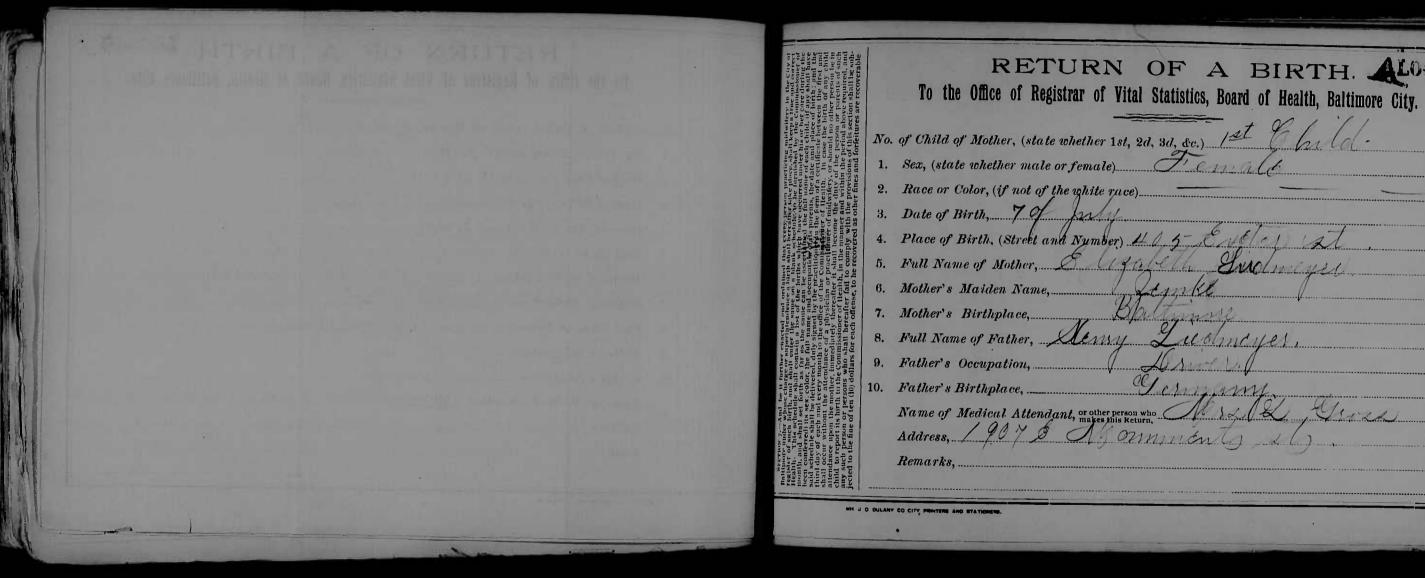
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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renfer Healt er fail ise, to	6. Mother's Maiden Name, Zds Shener
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ce of a rediute missic shall l	8. Full Name of Father, Lown Shoper
	9. Father's Occupation, Shoemaker
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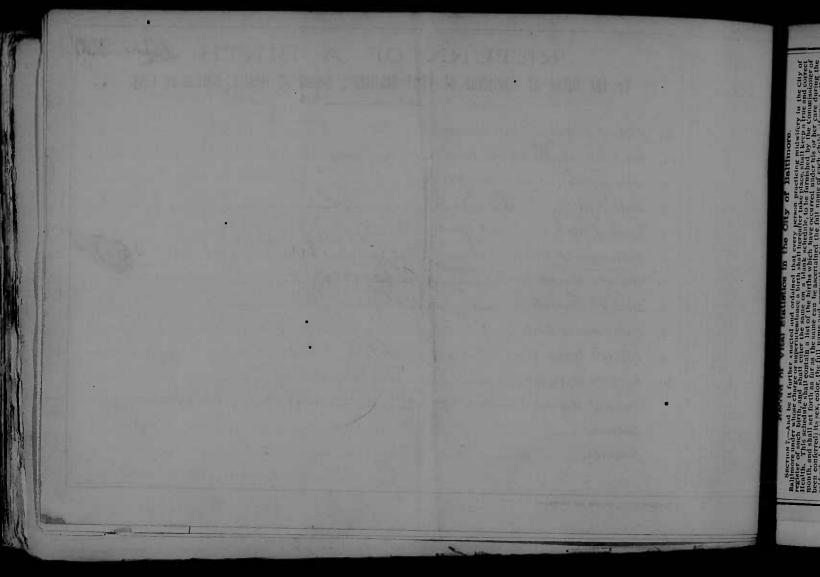
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vered	4.	Place of Birth, (Street and Number)					
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se, to l	6.	Mother's Maiden Name,					
n offen	7.	7. Mother's Birthplace, Balta Md					
or eacl	8.	Full Name of Father, John Rud of he					
liars	9.	Father's Occupation, le ok					
(m) do	10.	Father's Birthplace, Dirman					
10 10		Name of Medical Attendant, or other person who Man Dessa Sille geist					
1		Address, #103 P & Monning of S					
		Remarks,					



RETURN OF A BIRTH. ALOUSSO

4. Place of Birth, (Street and Number) 11 5- Collect Name of Medical Attendant, or other person who



RETURN OF A BIRTH ALOGS51

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

so. of Shitte of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Lolor!
3. Date of Birth, Batday 9 18921
4. Place of Birth, (Street and Number) Bathler St 49.6
5. Full Name of Mother, Shar July
6. Mother's Maiden Name, Shor Millard
7. Mother's Birthplace, Baltinge Mol
3. Full Name of Father, Land Gilly
. Father's Occupation, Wag men
. Father's Birthplace, Bathing Model
Name of Medical Attendant, or other person who Chrynic Delevation
Address,
Remarks, 628 No betheer 35

WH. J. C. DULANY & CO., CITY PRINTERS AND STATION

To the office of Registrar of Vital Statistics, To the office of Registrar of Vital Statistics, To the office of Registrar of Vital Statistics, No of Child of Mother, (state whether 1st, 2d, 3d, &c.), 1. Sex, (state whether male or female) make 1st, 2d, 3d, &c.), 2. Race or Color, (if not of the white race) make 1st, 2d, 3d, &c.), 3. Date of Birth, may 1st. 3. Date of Birth, (Street and Number) make 1st. 4. The statistics of the white race) make 1st. 4. The statistics of the white race of Birth, (Street and Number) make 1st. 5. Full Name of Mother, 2 may 1st. 6. Mother's Maiden Name 1st. 7. Mother's Birthplace, Russian 1st. 8. Full Name of Father, 1st. 9. Father's Occupation, 2st. 10. Father's Birthplace, Russian 1st. 10. Father's Bi
Address, A. S. Daulyon W. Address, M. S. Daulyon W. Address W. M.

BIRTH.

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Board of Health, Baltimore City.

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BALTIMORE CITY. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race). 3. Date of Birth, 4. Place of Birth, (Street and Number) 5. Full Name of Mother. 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other Person who makes this Repurn Remarks, Wm J C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH ACOUSTS

To the Office of Registrar of Vital Statistics, Board of Health,

RETURN OF A BIRTH. LOCASA

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, (Street and Number)

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

7. Mother's Birthplace, Personal
8. Full Name of Father, Picture Sachs
9. Father's Occupation.

Name of Medical Attendant, or other person who Address, 42 Ollemark 50 Remarks,

Wm J C. Dulany Co., City Printers and Stationers

6. Mother's Maiden Name,

		and the same of	

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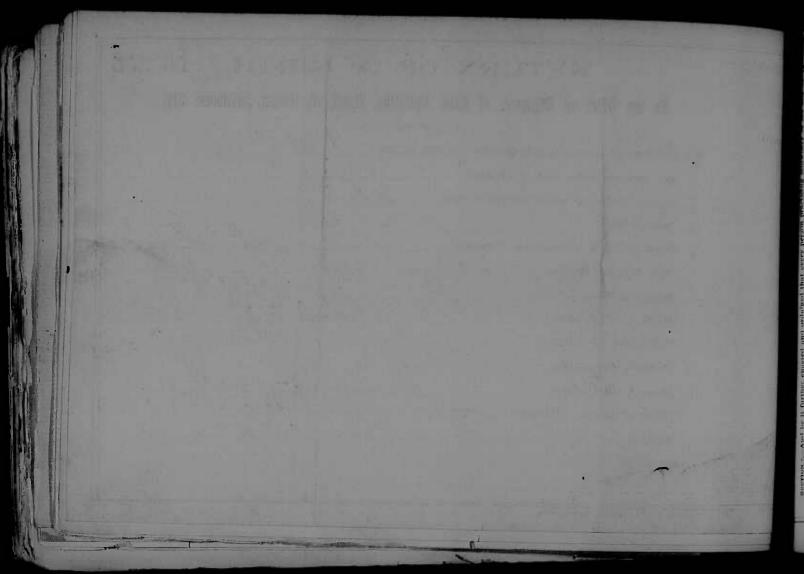
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	
2. Race or Color, (if not of the white race)	•••
3. Date of Birth, 10 Juli at Bond st. 622	
4. Place of Birth, (Street and Number)	
5. Full Name of Mother, Rozarie Jiman Ska	•••
6. Mother's Maiden Name, Rozaris, Hazinirak	
7. Mother's Birthplace, Prajen	• •
8. Full Name of Father, Southers Lingue R.	
9. Father's Occupation, State	•••
10. Father's Birthplace,	
Name of Medical Attendant, or other person who	•••
Address, Morrie Profil	
Remarks, Bond str. 838	

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1. Sex, (state whether male or female) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white ra	t. 2d. 3d. &c) 4
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7. Mother's Birthplace,	Builling
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Name of Medical Attendant, or other person of the state o	n who Mors &
	1619 640
Remarks,	
Wm J C. Dulany Co., City Printers and Stationers.	

BIRTHA LOS56 of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race) White
3. Date of Birth, Fun. 16.
4. Place of Birth, (Street and Number) 1337. Hull, St
5. Full Name of Mother, Soller Sert
6. Mother's Maiden Name,
7. Mother's Birthplace, Buttimore
8. Full Name of Father, Spiche () Sort
9. Father's Occupation, black
(). Father's Birthplace, Baltamore
Name of Medical Attendant, or other person who More Elle
Address, 10 /6/9 642a 84
Remarks,



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the office of th	7. Mother's Birthplace, Corn Baltimore Cangenshap 8. Full Name of Father, William
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and shall carried and shall carried as shall carried as ficilities as seen an attendary in the C to the C sons when (10) doll (10) doll (10)	10. Father's Birthplace, Lorn Baltymore of
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Wm J C. Dulany Co., City Printers and Stationers.

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		8. Full Name of Father, John School S

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RETURN OF A BIRTH. A LOUGEO.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

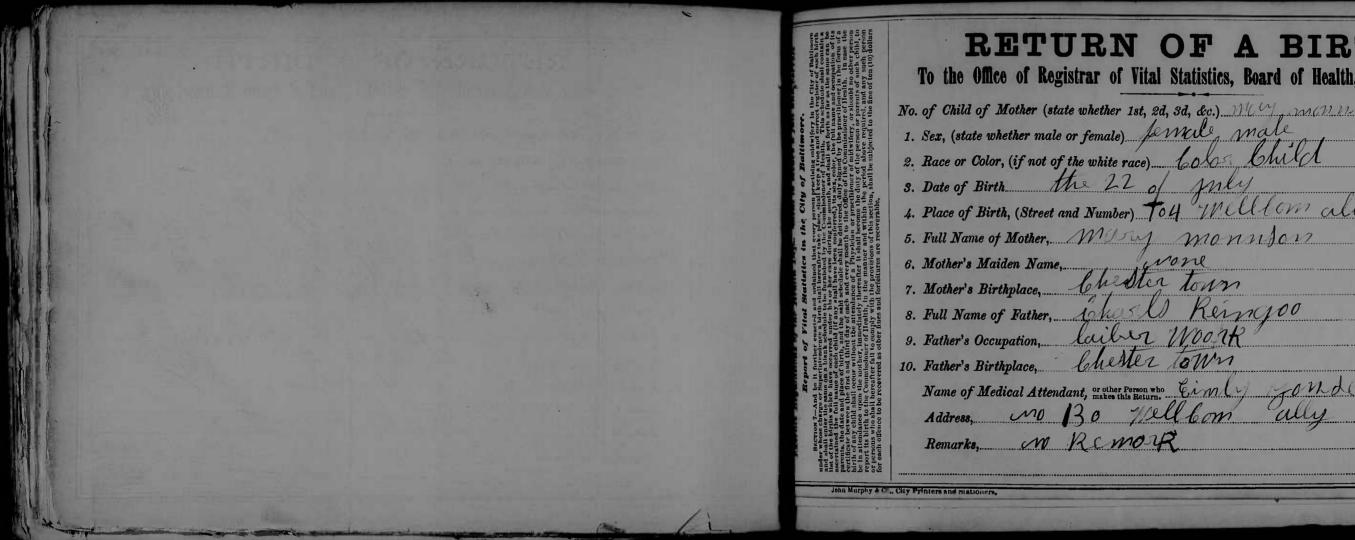
No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth,
4.	Place of Birth, (Street and Number) 1531, Opeca of
5.	Full Name of Mother, Louise Heaving Co
6.	Mother's Maiden Name, Line Office Buch
7.	Mother's Birthplace, Solly
8.	Full Name of Father,
9.	Father's Occupation,
10.	Father's Birthplace,
	Name of Medical Attendant, or other person to the person of Medical Attendant, or other person to the person of th
	Address, 1218 Boy en al Det
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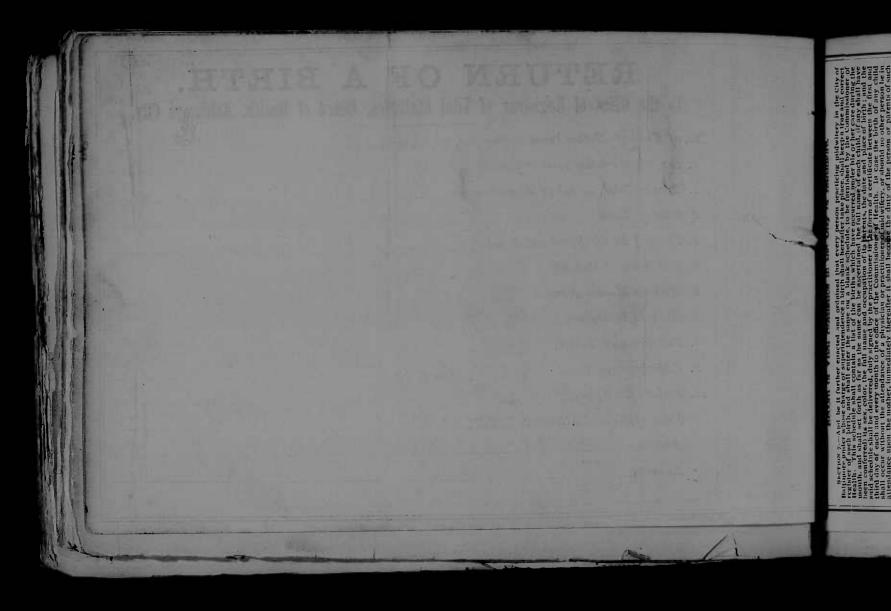
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RETURN OF A BIRTH A LOUGE

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1.	Sex, (State whether male or female)	Doy	
2.	Race or color, (if not of the white race)	200	
3.	Date of Birth, guly	1872	+
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5.	. Full Name of Mother, Collen C	Genes	
6.	. Mother's Maiden Name,	Cooper	
7.	. Mother's Birthplace, Saylor	Y2) 1	
8.	. Full Name of Father, Bokerson	Gener	
9.	Futher's Occupation, Labour	<i>f</i> •	
10.	. Father's Birthplace, Anofys	Cis all	
	Name of Medical Attendant, or other person who wakes this Return.	voline OVO	ovl
	Address, 49.11, West	M Bala	·
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RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) MUM, man 22 1632 4. Place of Birth, (Street and Number) 704 Well Com ally Name of Medical Attendant, or other Person who Einsly Jonda Address, NO 130 Mellem ally

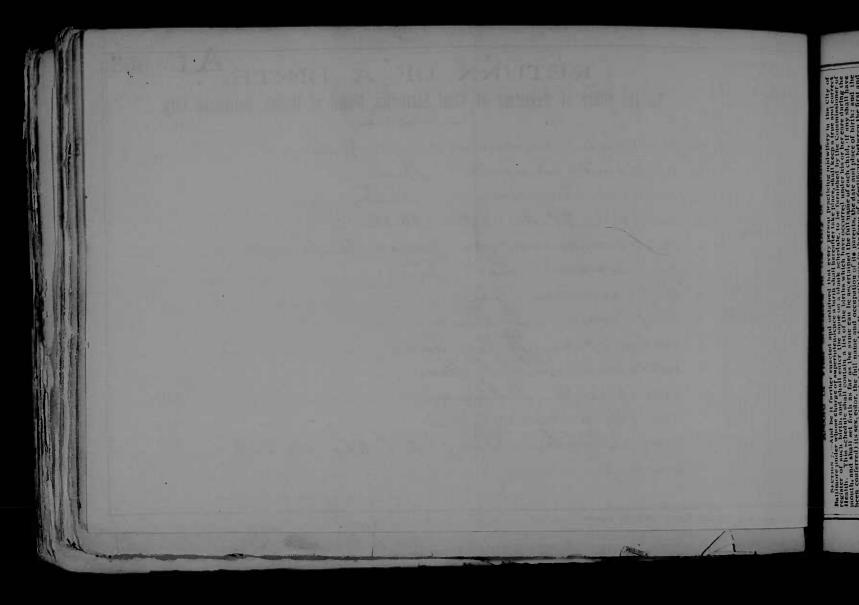


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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

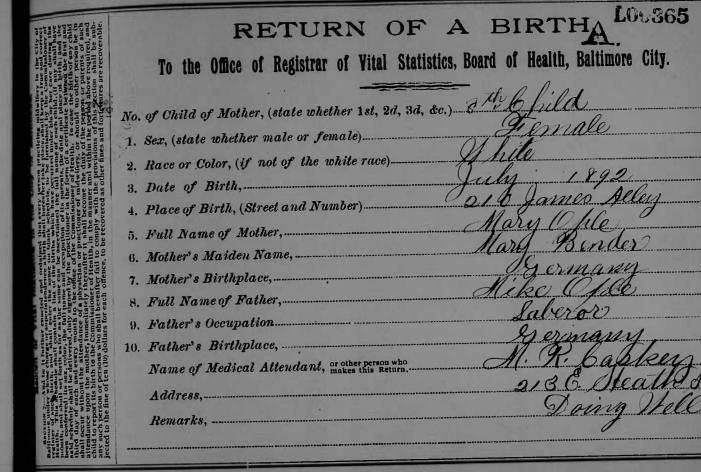
No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 25 les Julei 1892
4.	Place of Birth, (Street and Number) Gazgan If No 1130
5.	Full Name of Mother, Meri Junes
6.	Mother's Maiden Name, Jne
7.	Mother's Birthplace, Bellimat
8.	Full Name of Father, Willow Jones
9.	Father's Occupation, Worf flows
10.	Father's Birthplace, Sellinos
	Name of Medical Attendant, or other person who
	Address, Farline Throng John Ely No 434
	Remarks,

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RETURN OF A BIRTH. LOUGE

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2. R	Race or Color, (if not of the white race)	1 1 1 1 1 C C C
3. I	Date of Birth,	July Al 26-18-92
4. P	Place of Birth, (Street and Number)	37 Nonchas A Jo 180
5. F	full Name of Mother,	May A wongland
6. A	Molher's Maiden Name,	Man & Rid
7. M	Nother's Birthplace,	Baltimore
8. F	Full Name of Father,	grouge wonglassel
9. <i>H</i>	Father's Occupation,	Jeneter
10. A	Tather's Birthplace.	Ballinove
1	Name of Medical Attendant, or other person who	Mrs & Keller
	Address,	No 19-22 Milhins chr
1	Remarks,	



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No	of Child of Mother, (state whether 1st, 2d, 3d, &	c.)
1	Sex, (state whether male or female)	Cenale
	Race or Color, (if not of the white race)	
3.	Date of Birth,	13 tof Gili
4.	Place of Birth, (Street and Number)	1834 Lamon JE
5.	Full Name of Mother,	Colvistina He (159
6.	Mother's Maiden Name,	Christina Heinrich
	Mother's Birthplace,	germany ,
8.	Full Name of Father,	Carly Hours
9.	Father's Occupation,	Lalo
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	Name of Medical Attendant, or other person who	eclerike Healer midnife
	Address,	116 West Prests to
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	RETURN OF A BIRTH
	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore (
No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 14. Delig
4.	Place of Birth. (Street and Number) 306. 1 March
5.	Full Name of Mother, Sincerna Liamina
6.	Mother's Maiden Name, Lincenza Bea
	Mother's Birthplace, State
	Full Name of Father, Stanzilag Genvenge
9.	Father's Occupation, Shoemaker
10.	Father's Birthplace, Staly
	Name of Medical Attendant, or other person who Mars. I. Brick mile
	Address, 10 506. 1. Hough He
	Remarks,

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commission of the form of the	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
d by the a the child has of her	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
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Dainmore regime of regime	Remarks,

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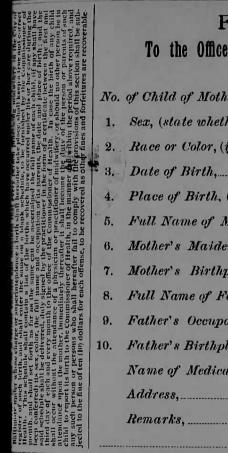
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RETURN OF A BIRTH. LOUSTO

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d	&c.)
1.	Sex, (state whether male or female)	irl
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth, July	13# 1892
4.	Place of Birth, (Street and Number)	Rohr Str. 516
5.	Full Name of Mother, Sunna	Kunshenback
6.	Mother's Maiden Name,	Mueller
7.	Mother's Birthplace, Les	nary
8.	Full Name of Father, Linis	Randhenhach
9.	Father's Occupation, Crips	inter
10.	Father's Birthplace,	many
	Name of Medical Attendant, or other person who makes this Return,	1.
	Address,	Mrs. deisenhar
	Remarks,	1816 landern h

Wm J C. Dulany Co., City Printers and Stationers.



RETURN OF A BIRTH LOGS 71 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d,	, &c.)
1.	Sex, (state whether male or female)	male
2	Race or Color, (if not of the white race)	white
3.	Date of Birth,	
4.	Place of Birth, (Street and Number)	amity Nº 30
5.	Full Name of Mother,	Amile mc Soley
6.	Mother's Maiden Name,	Syrue me Genit
7.	Mother's Birthplace,	Co & Low of
8.	Full Name of Father,	John Me Dolay
9.	Father's Occupation,	O Driver
0.	Father's Birthplace,	Co berasgh
	Name of Medical Attendant, or other person who makes this Return,	Mrs Seakack
	Address,	pratt and fremo
	Remarks,	1

RETURN OF A BIRTH LOUST2

No.	of Child of Mother, (state whether 1st, 2d, 3d	(, &c.)
1.	Sex, (state whether male or female)	pemale
2.	Race or Color, (if not of the white race)	/UHITE
3.	Date of Birth,	24 " af Juli
4.	Place of Birth, (Street and Number)	1331. Pratt Sts
		Susana We Gesser
1	Mother's Maiden Name,	1
7.	Mother's Birthplace,	Baltimore
8.	Full Name of Father,	Jahn Weckerser
9.	Father's Occupation,	Maschinist
	Father's Birthplace,	Ballinoze
	Name of Medical Attendant, or other person who	
	Address,	2116 West Pratt Sty
	Remarks,	

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take his trans in the Court in confin to confin the confin to confin to confin to confin the confin to confin to confin the confin th	5. Full Name of Mother, Muygie Riley
st that shed by care diversed by very manner of the shall be shall be the it shall manner ovision tures an	6. Mother's Maiden Name,
ordeline hall he be form be form be form be form by a or ber anne of the read in the p d forfeit	7. Mother's Birthplace, - Quelen anne Cg 11
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r enactive school in the schoo	9. Father's Occupation,
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John Murphy & Co. L.	ly Printers and Stationers.

RETURN OF A BIRTHE LOUS74

		d, &c.)
1.	Sex, (state whether male or female)	Male
. 2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	25- of Gili
14.	Place of Birth, (Street and Number)	2117. Frederick Wood
5.	Full Name of Mother,	ama Mannk
		anna Hanna
7.	Mother's Birthplace,	Ballinion
8.	Full Name of Father,	Wiliam Manna
9.	Father's Occupation,	Ylumper
10.	Father's Birthplace,	Bullimore
	Name of Medical Attendant, or other person who	Friederike Gentler Millings
	Address,	2 1 1/2 - A D 1.
	Remarks,	

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•	N. W. T. H.

RETURN OF A BIRTH. ALOUS75

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
	Race or Color, (if not of the white race)
	Date of Birth, 25' Jule
4.	Place of Birth, (Street and Number) 2531 Guntan street
5.	Full Name of Mother, Tohsona Jimis La
	Mother's Maiden Name, Reckers La
7.	Mother's Birthplace, Gergy affine,
8.	Full Name of Father, Store & Since 22
9.	Father's Occupation,
10.	Father's Birthplace, Garage
	Name of Medical Attendant, or other person who About D. Seeks Commenter of the Seeks Commen
	Address, 1225 Mace street
	Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

A commission of the control of the c	RETURN OF A BIRTH. LOUS 76 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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A company of the comp	Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Semate 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race)... 3. Date of Birth, 4. Place of Birth, (Street and Number)... 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, Germann 10. Father's Birthplace,.... Name of Medical Attendant, or other person who amakes this Return, Address, Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

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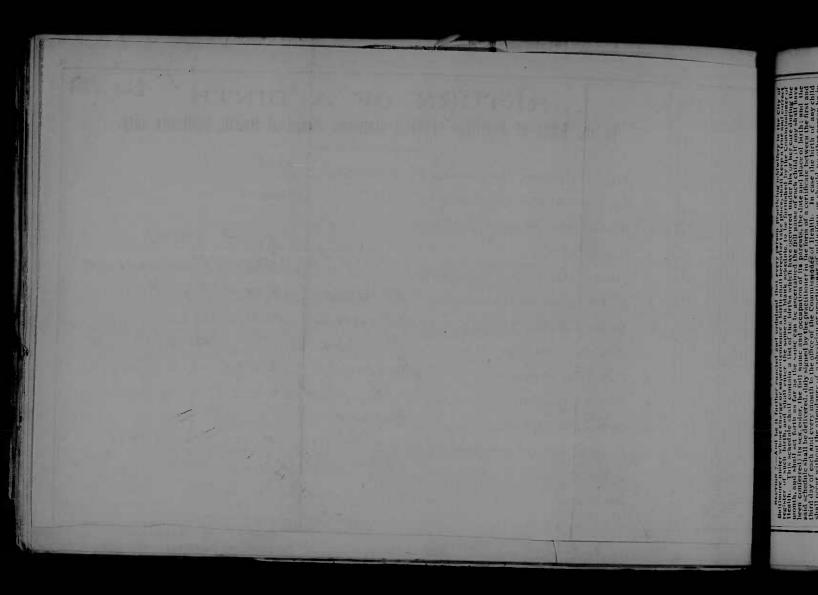
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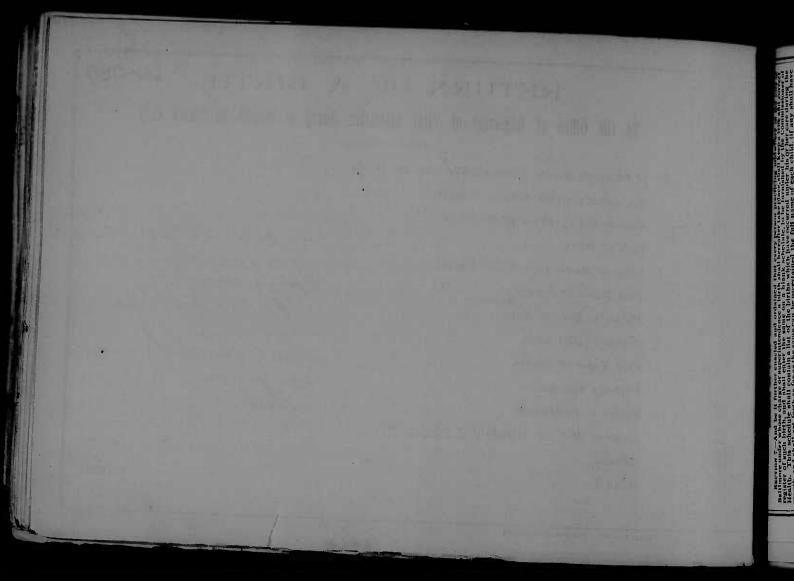
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1.	Sex, (state whether male or female) nack
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 24 dale
4.	Place of Birth, (Street and Number) 1224 Can for street.
5.	Full Name of Mother, Bareber Bancachetska
6.	Mother's Maiden Name, # 1900 Ko Safet
7.	Mother's Birthplace, Governo
8.	Full Name of Father, Tohson Banaschels Le
9.	Father's Occupation, Labrer
10.	Father's Birthplace, Jewing
	Name of Medical Attendant, or other person who who was this Return,
	Address, 1225 Have store
	Remarks,

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	To of Child of Mother, (state whether 1st, 2d, 3d, &c	
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in the property of the propert	4. Place of Birth, (Street and Number)	Galhand st 2
Hank has wh and the wh crition commis on the hall in the composition	5. Full Name of Mother,	Jeny Mederler
the Company of the Co	6. Mother's Maiden Name,	Jany Swchulsk
	7. Mother's Birthplace,	
n his n his ne san nigned signed a pliy a pliy tely ioner ioner ioner	8. Full Name of Father,	Mana Megalester
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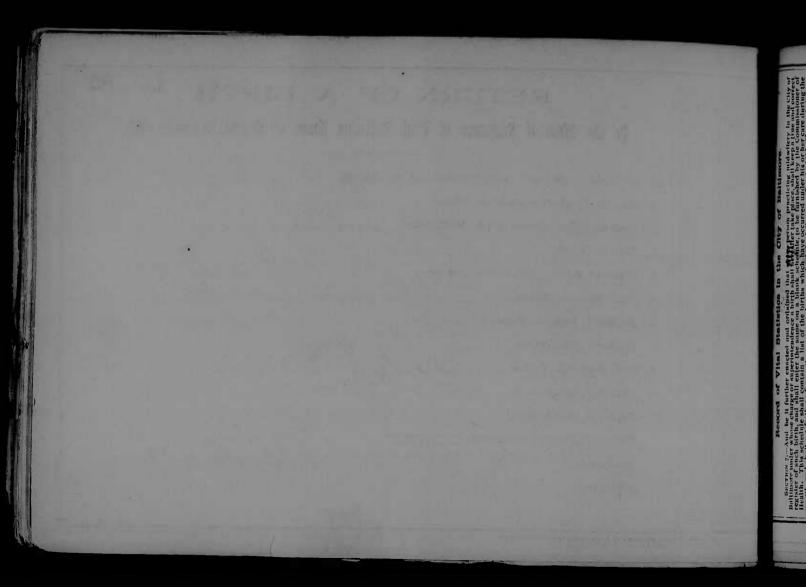
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of the state of th	3. Date of Birth, 1uly 30
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comi shall in the comp e reco	5. Full Name of Mother, Ogvise forgens
after realth.	6. Mother's Maiden Name, Lovise Rocks
office office tysicia there ir of H reafter offens	7. Mother's Birthplace, Ballineore me
y sign to the of a ph liately issione all her reach	8. Full Name of Father, Tenry Jorgens
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No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) whete
3.	Date of Birth, July 13t 1782.
4.	Place of Birth, (Street and Number Market space Ve
	Full Name of Mother, Hanna Berlin
6.	Mother's Maiden Name,
7	Mother's Birthplace, Canage
8.	Full Name of Father, hadek Sculene
9.	Father's Occupation, Seoller
10.	Father's Birthplace, Surveyee
	Name of Medical Attendant, or other person who for Cerlie Bertistle
	Address, 122 S. Exeter Str
щ2.	Remarks,



RETURN OF A BIRTHALOUS83 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female)...... Below 3. Date of Birth, 3 Com The 1192 4. Place of Birth, (Street and Number) 5. Full Name of Mother, Lise Helber 6. Mother's Maiden Name, 7. Mother's Birthplace, Bellinesy. 8. Full Name of Father, Heinsich Helbein 9. Father's Occupation, Il 10. Father's Birthplace, _____ Bellinear Name of Medical Attendant, or other person who Address, Flore Stower Jost Ely & 429 Remarks, ...

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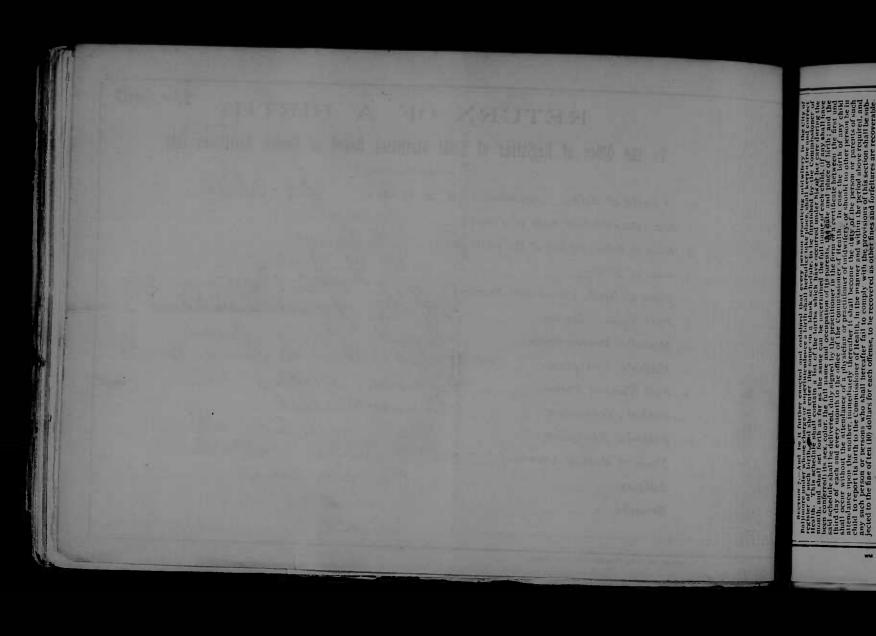
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No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) femule
2.	Race or Color, (if not of the white race) Calonell
3.	Date of Birth, 17 of July
4.	Place of Birth, (Street and Number) 412 Little epine St
5.	Full Name of Mother, Marth Mame wellsen
6.	Mother's Maiden Name, Mousth fam Recel
7.	Mother's Birthplace, pikesseillie effeithing County
8.	Full Name of Father, Sharners weellsey
9.	Father's Occupation, Shopemonheer
10.	Father's Birthplace, Ballinane Colo Mod
	Name of Medical Attendant, or other person when the state of the state
	Address, Gelester Earth
	Remarks,



RETURN OF A BIRTHALOUSE

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) and
2.	Race or Color, (if not of the white race) White
3.	Date of Birth, Australia 1892
4	Place of Birth. (Street and Number) Baltimore Barkinst 3211
5.	Full Name of Mother, Ratie Wole
6.	Mother's Maiden Name, Batil Eerstar
7.	Mother's Birthplace, Baltimore
8.	Full Name of Father Overge Note
9.	Father's Occupation Sunker
10.	Father's Birthplace, Battimore
•	Name of Medical Attendan or other person who Ananne Mitchell
	Address, . Parkinst 216 Na
	Remarks,

	RETURN OF A BIRTH. LOUSST
	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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	8. Full Name of Father,
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	No.
The state of the s	RETURN OF A BIRTH ALOUS 88
	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
The second secon	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	1. Sex, (state whether male or female)
	2. Race or Color, (if not of the white race)
	3. Date of Birth, 25 of 9 (1895)
	4. Place of Birth, (Street and Number) 15.34 Chesters
A to the state of	5. Full Name of Mother, Minnie Che
	6. Mother's Maiden Name,
	7. Mother's Birthplace,
The light of the l	8. Full Name of Father,
	9. Father's Occupation,
	10. Father's Birthplace,
	Name of Medical Attendant, or other person who
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	nether 1st, 2d, 3d, &c.)
1. Scx, (state whether male or fen	nale) Ecmale
2. Race or Color, (if not of the	white race)
3. Date of Birth,	July Fully 28.
4. Place of Birth, (Street and N	rumber) 38 old I sonk Recad
5. Full Name of Mother,	Minnite Dunes
6. Mother's Maiden Name,	. Minorie of who
7. Mother's Birthplace,	Baltinone ()
8. Full Name of Father,	Louis Ednoin Don
9. Father's Occupation,	
10. Father's Birthplace,	, Baltimere
	or other person who has Harriet, Realist
	114 Old york Road
Remarks,	1 (Va

RETURN OF A BIRTH LOUGO To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) ... 2. Race or Color, (if not of the white race). 3. Date of Birth, 4. Place of Birth, (Street and Number) Mingginery it 50999 5. Full Name of Mother, Lanal 6. Mother's Maiden Name, Sand 7. Mother's Birthplace, Soullimes 8. Full Name of Father, 9. Father's Occupation, ... 10. Father's Birthplace, Name of Medical, Attendant, or other person who A hand Address, Vp 115 Remarks, ..



WIR. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

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To	the	Office	0f	Registrar	of	Vital	Statistics,	Board	of	Health,	Baltimore	e° City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 31 les Jales 1792
4.	Place of Birth, (Street and Number) Lydlob It No 1221
	Full Name of Mother, Atna Hickell
6.	Mother's Maiden Name, William
7.	Mother's Birthplace, Bellin, or
8.	Full Name of Father, Goods Ideall
9.	Father's Occupation, 200 Minn
0.	Father's Birthplace, Bellina
	Name of Medical Attendant, or other person who
	Address, There line John way It Ele No 434
	Remarks,

The state of the s	RETURN OF A BIRTH LOUS 92
The state of the s	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
The state of the s	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
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A separate the sep	3. Date of Birth, 4. Place of Birth, (Street and Number) 14/8 Onlegged.
The Description of the Country of th	5. Full Name of Mother, Shalls
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Manual Company of the	9. Father's Occupation, 10. Father's Birthplace, 2. Cussia Company of the Compa
Sen parties a se	Name of Medical Attendant, or other person who Address, 22 Collegen or le 1
Parties of the state of the sta	Remarks,
	Ym J C. Dulany Co., City Printers and Stationers.

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No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 3. Date of Birth, 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Maiden Name, 8. Full Name of Father, 9. Father's Occupation, 9. Father's Occupation, 10. Father's Birthplace, 9. Father's Birthplace, 9. Father's Birthplace, 10. Father's Birthplace, 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Keturn, Address, Remarks, 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 3. Date of Birth, 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Keturn, Address, Remarks, 8. Remarks, 8
Wm J C. Dulany Co., City Printers and Stationers.

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, Baltimore City.

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l.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) Vajs
3.	Date of Birth, 20 Juli
ŧ.	Place of Birth, (Street and Number) L. Sallas Jr. 613
j.	Full Name of Mother, Lixie Suff
3.	Mother's Maiden Name, Lizie Pausek
	Mother's Birthplace, Baltimore
3.	Full Name of Father, Nohn Gull
١.	Father's Occupation. Orhajir
	Father's Birthplace, Baltimore Tajeland
	Name of Medical Attendant, or other person who makes this Return,
	Address, Marie Fresh
	Remarks, & Bond str. 838

	RETUR'N OF A BIRTH Office of Registrar of Vital Statistics, Board of Health, B
	No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 3. Date of Birth, 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address, Remarks, Remarks,
	Wm J C. Dulany Co., City Printers and Stationers.

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Baltimore City.

1	of there of morner, (source whether 1st, 2ts, 3ts, 4t.)
	Sex, (state whether male or female)
	Race or Color, (if not of the white race) Vajs
	Date of Birth, 25 Juli
	Place of Birth, (Street and Number) Blak str. 1428
	Full Name of Mother, Inna Malinovsky
	Mother's Maiden Name, Suna Levendova
	Mother's Birthplace, Prajkn
	Full Name of Father, Thann's Malinovsky
	Father's Occupation, Stayler,
	Father's Birthplace, Prayan
	Name of Medical Attendant, or other person who
	Address, Marie Prest
	Remarks, Bond s. 030

RETURN OF A BIRTH. LOUS95 To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City. ep. 9 Wm J C. Dulany Co., City Printers and Stationers.

0	of Child of Mother, (state whether 1st, 2a, 3a, &c.)
	Sex, (state whether male or female)
	Race or Color, (if not of the white race) Vajs
	Date of Birth, 25 Julil
	Place of Birth, (Street and Number) & Bown str 133
	Full Name of Mother, Mourie Frigumata
	Mother's Maiden Name, Marie Maria
	Mother's Birthplace, Praign
	Full Name of Father, playmon Siignote
	Father's Occupation, arboistr
	Father's Birthplace, Prayru
	Name of Medical Attendant, or other person who makes this Return.
	Address, Marie Ress
	Remarks, P. B. S. d. 030

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. no yo.

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1.	Sex, (state whether male or female) Mecchen
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 28 Jull
	Place of Birth, (Street and Number) Brown 810
5.	Full Name of Mother, Mourie Jarousek
	Mother's Maiden Name, Marie Goldsmit
7	Mother's Birthplace, Goody Bohmen
	Full Name of Father, han Jarousek
	Father's Occupation, Orbajtr
10	Father's Birthplace, Bothmen
10.	Name of Medical Attendant, or other person who makes this Return,
	Maria H.
	Address, P B 2 1 032
	Remarks, / /s //One 74.808

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	2. Race or Color, (if not of the white race) 2. Race or Birth, 3. Date of Birth,	
	4. Place of Birth, (Street and Number)	th
	5. Full Name of Mother, Emma Farmanian and the state of t	~
	7. Mother's Birthplace,	
	8. Full Name of Father, Italian Farner 9. Father's Occupation,	h
	The state of the s	1
	Name of Medical Attendant, or other person who makes this Return, Name of Medical Attendant, or other person who makes this Return, Address, 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yle
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To	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
Q	Date of Birth. June 30 = 1892
4.	Place of Birth, (Street and Number) D.W. Cor. Sugetth & Glinn
5.	Full Name of Mother, Comma Farnands
6.	Mother's Maiden Name, Boyc
7.	Mother's Birthplace, Saltingre
8.	Full Name of Father, William Farnends
9.	Father's Occupation, Love
0.	Father's Birthplace, Balline Ma
	Name of Medical Attendant, or other person who the Asfi Mil
	Address, 76 (A familian are
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RETURN OF A BIRTH LOUSS

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	••••••••••••
1. Sex, (state whether male or female) Male	SIP
2. Race or Color, (if not of the white race) white-	1892
3. Date of Birth, July 25-/92	
4. Place of Birth, (Street and Number) 3-3,6 Lauren	is St.
5. Full Name of Mother, Role & Strong	
6. Mother's Maiden Name, Fisher	
7. Mother's Birthplace, Brofford, Co. Yeun	a,
8. Full Name of Father, Jus XV Strvens	
9. Father's Occupation, Many Brothing to	-
10. Father's Birthplace, Salti,	
Name of Medical Attendant, or other person who	whima
Address,	
Remarks,	

RETURN OF A BIRTH. LOU-400
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Stanley Chrahams No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race)
3. Date of Birth, Street and Number) 1522 W. Lands St.
5. Full Name of Mother, Carie About 19 19 19 19 19 19 19 19 19 19 19 19 19
1915 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8. Full Name of Father, Charles Cathonian of States of S
Name of Medical Attendant, or other person who Name of Medical Attendant, makes this Return,
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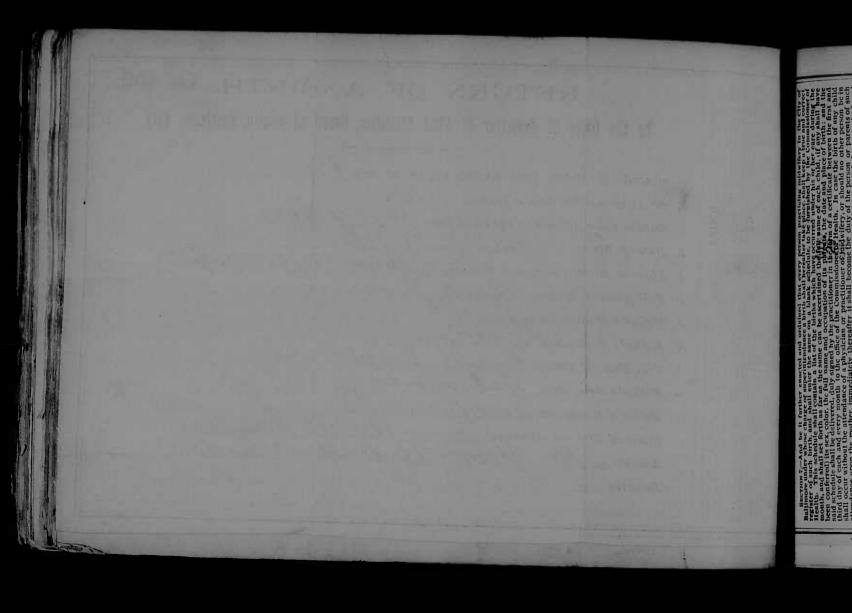
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	Section 19 and 1
	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	1 Sex. (state whether male or female) Wal-
	2. Race or Color, (if not of the white race) White
	3 Date of Birth. 61/92
	4. Place of Birth, (Street and Number) 7/1/ Baker St.
	5. Full Name of Mother, Catherine 1. Suith-
	6. Mother's Maiden Name, My Storter.
	The state of the s
	the state of the s
	9. Father's Occupation, Justingue Ogust
	10. Father's Birthplace, Baltingory
	Name of Medical Attendant, or other person who
	Address, Pol Madwer Circ
	Remarks,
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	Wm J C. Dulany Co., City Printers and Stationers.
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	To the Office of Registrar of Vital Statistics, Board of Heal
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	5. Full Name of Mother, LOUVIC FROM: 6. Mother's Maiden Name Louvice.
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	8. Full Name of Father, 6 11 5 11 6 11 6 11 6 11 6 11 6 11 6 1
	10. Father's Birthplace, head Bern-1-6
	Name of Medical Attendant, or other person who Converted the strength of the s
	Address, A. J.
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	MM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS,

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RETURN OF A BIRTH ALOU403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

9	Race or Color, (if not of the white race) white
3.	Date of Birth, June 18= 1892
4.	Place of Birth, (Street and Number) 5-87 In Juckey St.
5.	Full Name of Mother, aleco Milmanis
6.	Mother's Maiden Name,
7.	Mother's Birthplace, 2 relation
8.	Full Name of Father, Transic P. In Manuel
	Father's Occupation, Carpulle
10.	Father's Birthplace, Ballyman
	Name of Medical Attendant, or other person who solutions with the state of the stat
	Address, 1520 Drust West and
	Address, 15 20 Druck Abella Ca.

RET	URN OF	AE	BIRTH.	_L0u404
To the Office of Regist	rar of Vital Stati	stics, Board	of Health, Baltin	nore City.
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1. Sex, (state whether male of 2. Race or Color, (if not of the	ne inhite race)	and	uli	•
3. Date of Birth, Street and		July!	190h 1812	
5. Full Name of Mother,		(ex	mi G	bli
6. Mother's Maiden Name, 7. Mother's Birthplace,				Pa
8. Full Name of Father,		10=	n. l. Z	able .
9. Father's Occupation,				-cumst
10. Father's Birthplace, Name of Medical Attenda	nt, or other person who makes this Return,	M.	03. Bill	ing has
Address,			12066	
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RETURN OF A BIRTH, LOL405

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3	d, &c.) / 2
1.	Sex, (state whether male or female)	ml
2.	Race or Color, (if not of the white race)	blile
3.	Date of Birth,	July 30 Ch 1892
4.	Place of Birth, (Street and Number)	02133 & North an
		Eliza Washington
	Mother's Maiden Name,	
7.	Mother's Birthplace,	Englant
8.	Full Name of Father,	Washing los
	Father's Occupation,	
10.	Father's Birthplace,	England
	Name of Medical Attendant, or other person who	In B. Billing lea
	Address,	1206 E. Proston St
	Remarks,	

RETURN OF A BIRTHLO0408 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 1. Sex (state whether male or female), White 2. Race or Color (if not of the white race), ... Culy 27 92 3. Date of Birth,... No 2 Madison (Homestead) 4. Place of Birth (Street and Number), Margant. M'Gann 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, Soward In Gann 8. Full Name of Father, Laborer 9. Father's Occupation, Uneland. 10. Father's Birthplace, L'Amoumonier. Name of Medical Attendant, or other person who makes this Return. 634 Gorauch as. Address, Remarks.

William .

RETURN OF A BIRTH. ALOOSOT

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) Mighala
3.	Date of Birth. (Medicesday) Dept. 14th. 92
14.	Place of Birth, (Street and Number) 1/366 /1. Francoul Cue
5	Full Name of Mother, Esther Rathe Redundson
e.	Mother's Maiden Name, Epthen Ruth Reister
7	Mother's Birthplace, Baltimore Hod
1.	Full Name of Father, Enfluen Nashington Richardson
8.	Father's Occupation, Date
9.	Father's Birthplace Baltininger Gily McC
10.	Parties of Development,
	Middles title Returns
	Address, #2206 Etling A., City
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s where so it is a so	5. Full Name of Mother, Mary Melina, Milsonins
in the control of the	6. Mother's Maiden Name, Mary " Wilkison
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RETURN	OF	A	BIRTHA LOOM	
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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	of Orette of Manual Control
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, and Date of Birth,
4.	Place of Birth, (Street and Number)
	Full Name of Mother, fair 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
6.	Mother's Maiden Name,
7.	Mother's Birthplace, One of Ounted And
8.	Full Name of Father, Soft of Santalla
9.	Father's Occupation, Ol Cafe
10.	Father's Birthplace, LECTTONE CONTRACTOR
	Name of Medical Attendant, or other person who who would be here
	Address, 2206 Eding of
	Remarks,

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RETURN OF A BIRTH. **L00410**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

9		of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	1.	Sex, (state whether male or female) Finale
	2.	Race or Color, (if not of the white race) & Send
	9	Date of Birth, June 6th 1892
7	4	Place of Birth, (Street and Number) Baltimore 1529 & Howard St
	T.	Full Name of Mother, Rachel A Garner
	η,	Mother's Maiden Name, Rachel Dickerson
I	€.	Mother's Birthplace, Baltunos
I		Full Name of Father, Henry Came
	8.	Father's Occupation, Lumber Business .
I		
	10.	Father's Birthplace, Caltinae
I		Name of Medical Attendant, or other person who Sar ah Harfur
1		Address, 417. W. Stamburg St
		Remarks,

WM J. C DULANY CO CITY PRINTERS AND STATISHERS.

RETURN OF A BIRTHA LOOMIN

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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f the p the pe the pe ms of and fo	1.	Sex, (State whether male or female).
fines	2.	Race or color, (if not of the white race)
and the p	3.	Date of Birth, guey 1st.
become namer with ered as	ž.	Place of Birth, (Street and Number) 806 & Laguette St-
shall a the n comply recov	5.	Full Name of Mother, Many E. Pistroff
or prifter it alth, in all to c	6.	Mother's Muiden Name, Mary 6 Brown
Sician therest of He after f		Mother's Birthplace, Bactimen City
a phy iately ssioner Il here	8.	Full Name of Father, Houry 6. Pitts off
numed numed ounmis 10 sha ars for		Father's Occupation, Clothing Journe
ther, i ther, i o the C ons wh	10.	Father's Birthplace, Bacinon M&
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place of betwee dirth of person s of sucl ed, and hjected	2. Race or Color (if not of the white race). While American
tificate see the to o other parent required be sully brahle.	3. Date of Birth, July 215 1892
In chicago da la contra la	4. Place of Birth (Street and Number), 326 N. Culaw It
S S S S S S S S S S S S S S S S S S S	5. Full Name of Mother, Sarah & Hartley
duny duny for of the fortest	6. Mother's Maiden Name, Sarah & Rediffer
nmissic r of mi me the and wit provisions	7. Mother's Birthplace, Pennsylvania
the Continue and I peco	8. Full Name of Father, Francis W Hartley
mee of or practice	9. Father's Occupation, Calarch Specialist
signature signature ereate saith, it	10. Father's Birthplace, England
d, duly fraph fraph ately th er of H frer fall to be r	Name of Medical Attendant, or other person who makes this Return. Sielingsles
lelivere every i dance o m medi nission i hereal	Address, 15- West Saraloga St
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RETURN OF A BIRTH A 100413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
	Date of Birth, Sefe The 24 1592
	Place of Birth, (Street and Number) 18 14 fruit
5.	Full Name of Mother, Aliller Horrester
	Mother's Maiden Name, / / Liller Lee.
	Mother's Birthplace. Theans, 60, and
	Full Name of Father, Richard H. Horrester
	Father's Occupation, prosting rounds building
	Father's Birthplace, Calcul Co.
	Name of Medical Attendant, or other person who Aural 6. 1512
	Address, 2206 Etting St
	Remarks,

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RETURN OF A BIRTH.

100414

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) 1606
2.	Race or Color, (if not of the white race) Colors (L.
3.	Date of Birth, 23 rd frify 1873
4.	Place of Birth, (Street and Number) 1922/6thing It
	Full Name of Mother, 2122 Carring & Orlick
6.	Mother's Maiden Name, live Comma Ja Richardson
7.	Mother's Birthplace, Snow Hell Ma.
8.	Full Name of Father, Mr Louis Ho. Colick
9.	Father's Occupation, Driver
10.	Father's Birthplace, Fireletre Mich
	Name of Medical Attendant, or other person who Surah & NEF.
	Address, 2206 Etting: St
	Remarks,

RETURN OF A BIRTH. 100415

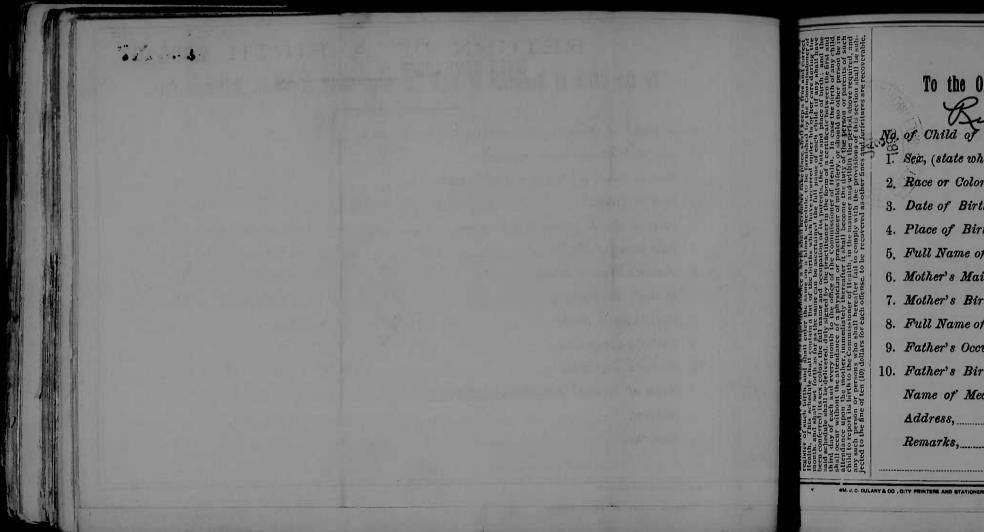
To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1,,	Sex, (state whether male or female) Male
	Race or Color, (if not of the white race) Colored
3.	Date of Birth, Lucy 15 1892
4.	Place of Birth, (Street and Number) 202+ Etting street
ä.	Full Name of Mother, Mary & Curlis
6.	Mother's Maiden Name, Mary L Lee
7.	Mother's Birthplace, Raltimore
8.	Full Name of Father, Richard & Curtis
9.	Father's Occupation, Driverng
10.	Father's Birthplace, Baltimore.
	Name of Medical Attendant, or other person who Sarah & Det
	Address, 2206 Etting street
	Remarks.

MM. J. C. DULANY & CO , CITY PRINTERS AND STATIONERS.

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this wasterful ation activities to Constitute of Constitut	5.	Full Name of Mother, he are, N. Harrison Hose
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far as far as the ful ed, du nouth dance Conn who sl	9.	Father's Occupation, Litte ografoli,
shall us color, celliver feliver feliver atten nother, to the sons	10.	Father's Occupation, Litte ografoli, Father's Birthplace, Buttimen, Tua.
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shall shall shall le sha f each witho upon ort its erson		Address, 713 Int Road,
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RETURN OF A BIRT I. LOO417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Respect Edward De Graff

	of Utild of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex, (state whether male or female) W.
2.	Race or Color, (if not of the white race) W.
3.	Date of Birth, July 31-12-
1.	Place of Birth, (Street and Number) Burchay It mean Heing trug Im an
ŏ.	Full Name of Mother, Isabell & Graff
	Mother's Maiden Name, " Riely
	Mother's Birthplace, Clarke ville
3.	Full Name of Father, W. P. W. G. aff
€.	Father's Occupation, Car Driver
).	Father's Birthplace, Butimon
	Name of Medical Attendant, or other person who A.S. Moun
	Address, 918 Fire Road.
	Remarks,

RETURN OF A BIRTH. 100418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

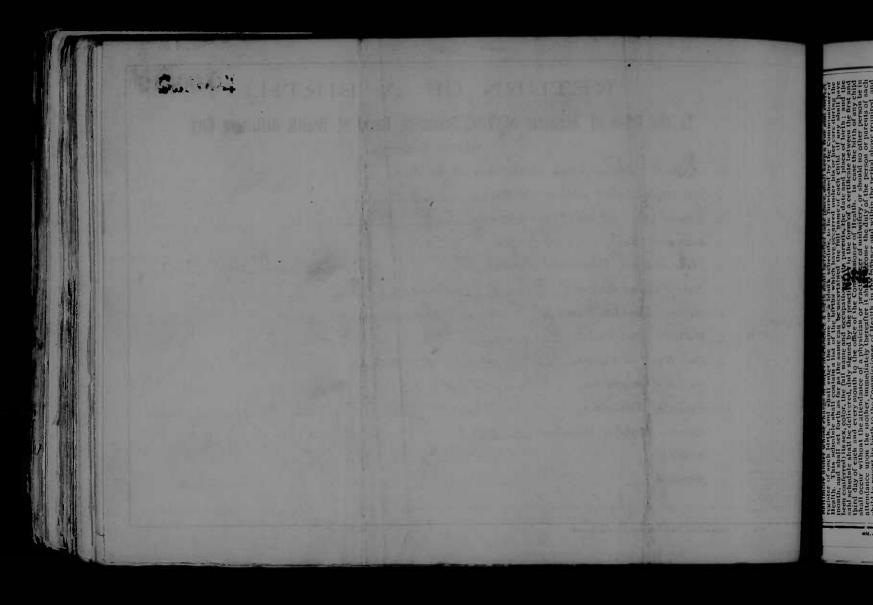
	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Sex, (state whether male or female) 74.
	Race or Color, (if not of the white race) W.
∞3.	Date of Birth, July 20.92.
4.	Place of Both, (Street and Number) Hung find on Orr new Barday
5.	Full Name of Mother, Many But From
6.	Mother's Maiden Name, . Camp buce
7.	Mother's Birthplace, Edinburgh . Scot.
8.	Full Name of Father, Atrung Bruthron
	Father's Occupation, It one could a
10.	Father's Birthplace, Edin burg.
	Name of Medical Attendant, or other person who
	Address, 713 Just Romas
	Remarks,

MM. J. C. DULANY & CO , DITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH LO0419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ĺ	No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
i	1.	Sex, (state whether male or female) Quale
	2.	Race or Color, (if not of the white race) Colon A
-		Date of Birth, and 13/97
		Place of Birth, (Street and Number) 2003 Brunt
-	5.	Full Name of Mother, alice Jenes
	6.	Mother's Maiden Name, alice Johnson
	7.	Mother's Birthplace, Prince Seran a had
	8.	Full Name of Father, Thue Joves
-	9.	Father's Occupation, Lucille
l	10.	Father's Birthplace, Jalbas Cin
		Name of Medical Attendant, or other person who have being
		Address, La G G Ball Ly Ly - D
		Remarks.



RETURN OF A BIRTH. 100420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) 6 alored
3.	Date of Birth, 26 Cugus
4.	Place of Birth, (Street and Number) 1207 Houles &
5.	Full Name of Mother, Sques Misse
	Mother's Maiden Name, Janes Guller
7.	Mother's Birthplace, Asignal Dendica (16)
8.	Full Name of Father, Ofedia Man
9.	Father's Occupation, Hound Sabor
10.	Father's Birthplace, Januare Quanta Pingania
	Name of Medical Attendant, or other person who and John Jon
	Address, Grossstreet
	Remarks,

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RETURN OF A BIRTH. ALOUAGE

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

ex, (state whether male or female) Cace or Color, (if not of the white race) Cate of Birth, Class of Birth, (Street and Number) Cull Name of Mother, Color of Mother
Place of Birth, (Street and Number) 1319 N Central Gueral Will Name of Mother, Philos Russ
Place of Birth, (Street and Number) 1319 N Central Gueral Will Name of Mother, Philos Russ
full Name of Mother, Phila Ruse
Sother's Maiden Name, Genning
Tother's Birthplace, (1) Co.
full Name of Father,
'ather's Occupation, C. R. R. Conducto
Cather's Birthplace, 3 St. Co.
Tame of Medical Attendant, or other person who M. Billing lea
ddress, 1206 E. Paster
emarks,
lo 'u 'a 'a d

REFERENCE A SINTH MALES

RETURN OF A BIRTH. LO0422

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d,	(c) 11 Ch
1. Sex, (state whether male or female)	finial
2. Race or Color, (if not of the white race)	ahili
3. Pate of Birth,	Chie B th 1882
A. Place of Birth, (Street and Number)	1709 E. Che
5. Full Name of Mother,	many a Bosson
6. Mother's Maiden Name,	Celemen
7. Mother's Birthplace,	Bola Pas
8. Full Name of Father,	James Bosso
9. Father's Occupation,	apholelis
10. Father's Birthplace,	1 m 1 11
Name of Medical Attendant, or other person who makes this Return,	Mr B. Billing lea
Address,	1206 E. Porstond
Remarks,	

LINE OF A BINTH IN STREET the time of Registers of Vital succession Region of their deliberts that

RETURN OF A BIRTH. L00423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female Quita)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, Quy 14-1882
	Place of Birth, (Street and Number) 486, Seventh 1
5.	Full Name of Mother,
	Mother's Maiden Name, Hunder 200
7.	Mother's Birthplace,
8.	Full Name of Father, 7171 Bayl
9.	Father's Occupation, machinist
	Father's Birthplace, Germany
	Name of Medical Attendant, or other person who he of Selling the
	Address, 1206 6. Part 5
	Remarks,

dured united his or the Councillads devected further his or her care that the first his or her care that the first his defined and allowed from his his or entitled her care the hirth of any fall which. In case the hirth of any fall dured his or developed to the hirth of any fall dured his or developed his order his orde

RETURN OF A BIRTH. LO0424

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No de periode de forte	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1	Sex, (state whether male or female)
addedut !	Race or Color, (if not of the white race)
B land	Date of Birth, Chy 3 2 /892
Honer A	Place of Birth, (Street and Number) 1415 Federal
	Full Name of Mother, Line House
6. 6. Paris	Mother's Maiden Name, Heromin
	Mother's Birthplace, Belto
8.	Full Name of Father, Seh House
- 41 = = ib	Father's Occupation, Olichen in
	Father's Birthplace,
hit the utility of per	Name of Medical Attendant, or other person who M. B. B. Billing the
upon upon erson e fine	Address, 1206 & Parson
to the	Remarks,
shall attend child any si ected	

RETURN OF A BIRTH. LO0425

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 3. Date of Birth, 4. Place of Birth, (Street and Number) 1167 Fornst Place 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, H. N. Post diffe S. Full Name of Father, 9. Father's Occupation, 10. Father's Birthplace, An B Billing du 1206 E. Prostonel Name of Medical Attendant, or other person who makes this Return, Address. Remarks.

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Health. This settled shall contain the surface month, and shall set forth as far as the same out he said eventuals settled the said eventual shall be distorted for the same and occur third day of each and every mouth to the office of the shall occur without the intended surface of some of the same of the

RETURN OF A BIRTH. L00426

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

1. Sea	s, (state whether male or female)	molu
2. Ra	ce or Color, (if not of the white race)	white
	te of Birth,	any 200 1892
4. Pla	ce of Birth, (Street and Number)	Hasford au
	ll Name of Mother,	
	ther's Maiden Name,	
7. Moi	her's Birthplace,	Balto Per
8. Fu	ll Name of Father,	Soul 7. Edel C.
	her's Occupation,	
	her's Birthplace,	4
		Mr. Ob. Billing len
	tress,	12066. Vonter
Ren	narks,	

RETURN OF A BIRTH. L00427

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, Lugar 2.1191
4.	Place of Birth, (Street and Number) 5/1/2006
	Full Name of Mother, Quantity line a Comment
6.	Mother's Maiden Name, Frankick
	Mother's Birthplace, Fuducik C. la.
8.	Full Name of Father, Cand Alle
9.	Father's Occupation. Received for Castelland
	Father's Birthplace, Galian Co.
	Name of Medical Attendant, or other person who Saruh E, AFF.
	Address, 2206 Elling St
	Remarks,

RETURN OF A BIRTH. L00428

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tirst
1.	Sex, (state whether male or female) Make
2.	Race or Color, (if not of the white race) Colored race.
3.	Date of Birth, Sunday, August 28 = 18-92.
4.	Place of Birth, (Street and Number) 1344 Whatcoat street.
5.	Full Name of Mother, anna Belle Young.
	Mother's Maiden Name, anna Belle Booth.
	Mother's Birthplace, Ballimore County, Md.
8.	Full Name of Father, Clarence Going.
9.	Father's Occupation, Employer in wholesale druggist
10.	Father's Birthplace, Baltimore County . Ond.
	Name of Medical Attendant, or other person who Mrs. Sarah & Dett.
	Address, 2206 6 thing Street;
	Remarks,



RETURN OF A BIRTH L00429

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) The first one
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) loalund
3.	Date of Birth, On the 24 off any 1892
	Place of Birth, (Street and Number) 16 1338 th Jument ave
ā.	Full Name of Mother, Virginia A. Hill
	Mother's Maiden Name, Virginiant, Barnes
7.	Mother's Birthplace, the plain View Richmond Va.
8.	Full Name of Father, David James Lile
	Father's Occupation, Porter
10.	Father's Birthplace, Combridge, Ind. Dor. 60.
	Name of Medical Attendant, or other person who anch . C. Ost
	Address, no. ZZ 06 Celling. St. Balto. City
	Remarks.

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Practicing mitoviery commission of the practicing mitoviery commission of the practicing mitoviery commission of the practicing mitoviery

RETURN OF A BIRTH L00430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No, of Child of Mother, (state whether 1st, 2d, 3d, &c.).... Female 1. Sex, (state whether male or female) Coloasa 2. Race or Color, (if not of the white race) Aug .30. 91 3. Date of Birth, 4. Place of Birth, (Street and Number) 15 34 of B, rucs Clara etgnes Harris 5. Full Name of Mother, Clara et Dossy Lawel Ballo Co md 6. Mother's Maiden Name, 7. Mother's Birthplace, Jassa Harris ... Jr 8. Full Name of Father, 9. Father's Occupation, Jones Town Howard to md 10. Father's Birthplace, ... Name of Medical Attendant, or other person who Ass Saraka Colled 2206 Etting st Address, Remarks,

WM. J. C. DULANY & CO , CITY PRINTERS AND STATIONER

will J C. Dillany Co., City Printers and Stationers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race)..... 3. Date of Birth, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who 1530 Harleman Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH LO0431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4. Place of Birth, (Street and Number) Tarrison Jane & Franklin Ra 5. Full Name of Mother, Annie Waria Decken Jeo D. Dreken United States Pensioner Remarks, These folks, I failed to find at home, after appealed altempted in order to seeme this above facts. I trust - the record will now be of service

There wellen

RETURN OF A BIRTH. L00432
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, DEPART
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-4 1892
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) 2. Race or Color, (if not of the white race) 2. Race or Color, (if not of the white race) 2. Race or Color, (if not of the white race)
4. Place of Birth, (Street and Number) 1119 1 Molf st
5. Full Name of Mother, Elizabeth Forrest
6. Mother's Maiden Name, Anght
7. Mother's Birthplace, Balts
8. Full Name of Father, Chap, Forrest
9. Father's Occupation, Painter
10 Father's Diviliplace
Name of Medical Attendant, or other person who Mrs Julie Grorre
Address, 944/V Say st
Remarks,

AN WARREN

RETURN OF A BIRTH. LOO433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race)... 3. Date of Birth, 4. Place of Birth, (Street and Number) Gotherin Gallerger 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, James Gallerger 8. Full Name of Father, Teamster 9. Father's Occupation, ... Balto 10. Father's Birthplace, Mrs Jula Brooms Name of Medical Attendant, or other person who Address. Remarks.

identity. This schedule shall counting a list of the breaths we month, and shall see forth ins for as the some can be necessary to executions that is made on the necessary which the confered to the county which described the county which the child the of each and every month to the office of the Commissioner of a practite attendance upon the mother, immediately thereafter it shall to the Commissioner of Health, in the may such person to the Commissioner of Health, in the may such person to reprort the fall to compare the person or persons who shall be referred to the fine of ten (40) dollars for each offence, to be ree

RETURN OF	A	BI	KI.	H
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. NOV

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Hernole 1. Sex, (state whether male or female)..... 2. Race or Color, (if not of the white race).... 26 A Aug 3. Date of Birth, 1700 & Preston At 4. Place of Birth, (Street and Number) Frances Berlin 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, Damuel Berlein 8. Full Name of Father, Machinist 9. Father's Occupation, Balto 10. Father's Birthplace,... Mrs Julia Groome Name of Medical Attendant, or other person who makes this Return. Address. Remarks,

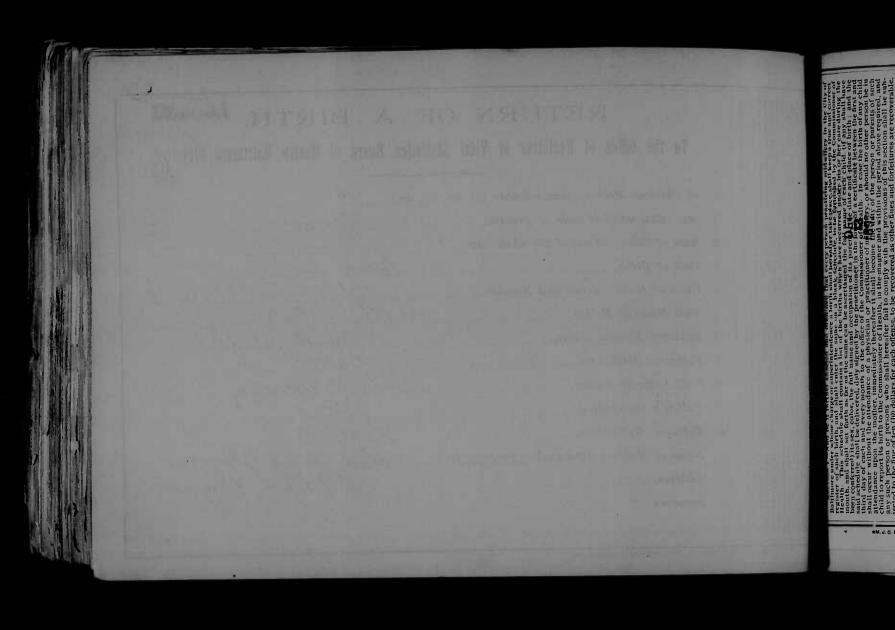
Ta	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex, (state whether male or female) Female
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 18 Aug.
4.	Place of Birth, (Street and Number) 183/6-6 have st
	Full Name of Mother, Thilomenic Harriman
	Mother's Maiden Name, " Starr
7.	Mother's Birthplace, Balte
	Full Name of Father, Henry Store
9.	Father's Occupation, Grains
().	Father's Birthplace, Balts
	Name of Medical Attendant, or other person who Mrs Julia Groome
	Address, C944 N Say of
	Remarks,

RETURN	OF	A	BIRTH.

RETURN OF A BIRTH. LOO436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.nov

No.	of Child of Mother, (state whether 1st, 2d, 3	d, &c.)		COLPALITY
1.	Sex, (state whether male or female)		Femal	e
2.	Race or Color, (if not of the white race)			
3.	Date of Birth,	A	ug 1st	
4.	Place of Birth, (Street and Number)			the Elderry st
5.	Full Name of Mother,			ittering)
6.	Mother's Maiden Name,		Lander	rslager
7.	Mother's Birthplace,		Balto	
8.	Full Name of Father,	Joh	in Hill	irino,
9.	Father's Occupation,		Porter	
10.	Father's Birthplace,	K	salte	······
	Name of Medical Attendant, or other person who makes this Return,			ia Frome
	Address,		944	1 Say et
	Remarks,			• //

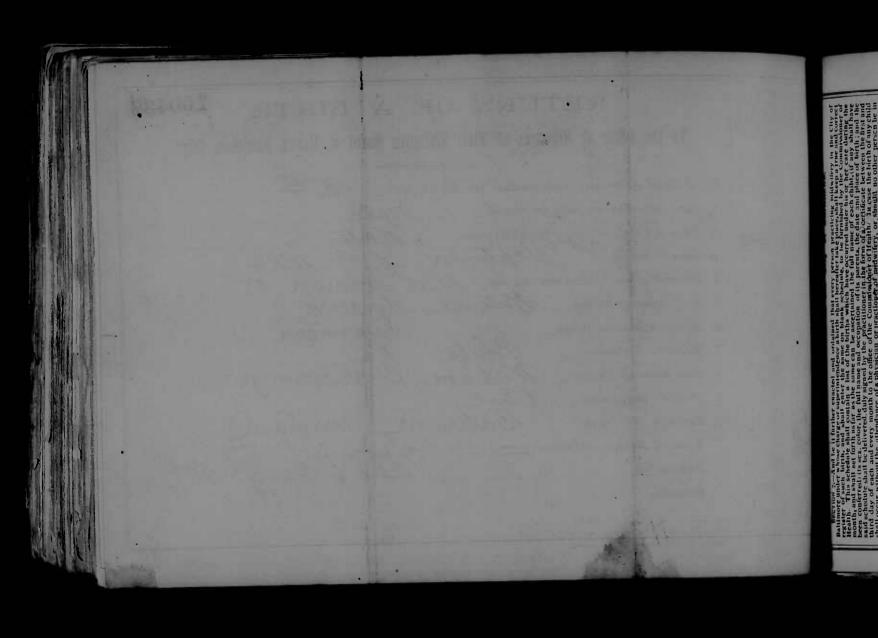


No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) A hit
	Date of Birth,
4.	Place of Birth, (Street and Number)
5.	Full Name of Mother, Lever Legender
	Mother's Maiden Name,
	Mother's Birthplace, Polace Arthur Arthur
8.	Full Name of Father, January Colors
	Father's Occupation,
10.	Father's Birthplace, Missing Carrel
	Name of Medical Attendant, or other person who makes this Return.
	Address, Swall & West
	Remarks, 2206 Effing St

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) Male
2.	Race or Color, (if not of the white race) White Date of Birth, Thursday September 8 th 18,92
3.	Date of Birth, The September 8th 18,72
4.	Place of Birth, (Street and Number) 2/4/ Survivor DY
5.	Full Name of Mother, Materine Hassely
6.	Mother's Maiden Name, "Qunnigan
7.	Mother's Birthplace, Phila Pa
8.	Full Name of Father, William B. Gassen J.
9.	Father's Occupation, Clark
().	Father's Birthplace, Baltimore Maryland
	Name of Medical Attendant, or other person who Surah & Net
	Address, 2206 Elling St.
	Remarks,

Wm J C. Dulany Co., City Printers and Stationers.



L00439

Sex, (state whether male or female)	$\mathcal{H}(\mathcal{H})$
Race or Color, (if not of the white	
Date of Birth,	Lathanler 1893
Place of Birth, (Street and Number)	1879 Canows
	Lacina Lydwig
Mother's Maiden Name,	La isa Quallion
Mother's Birthplace,) Earnan
Full Name of Father,	· Dredyck Zedurig
Father's Occupation	Baker
	- Les may
Name of Medical Attendant, or other makes the	person who G A Byan Rev
Address,	(838 /14/17 16
Remarks,	During Well

WM. J. C. DULANY & CO , GITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A LO0440

No. of Child of Mother, (state whether 18	(i, 2a, 5a, ac.)
1. Sex, (state whether male or female)	Bry
2. Race or Color, (if not of the white ra	ce) white
3. Date of Birth,	September 25th. 1892
4. Place of Birth, (Street and Number)	1320 6: 20th. St
5. Full Name of Mother,	Lesie Own bugle
6. Mother's Maiden Name,	Jesis Owen
7. Mother's Birthplace,	Washington D.C
8. Full Name of Father,	lehas D leugle
	Manager & Bookerper
9. Father's Occupation,	Battimen and
10. Father's Birthplace,	rson who Wilmer Brente M.S
Name of Medical Attendant, or other pe	Return Return 1 1 1 1 - 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address,	8. W. lear lealrest - Preston sto
Remarks,	Kenneth Wilson Cugle

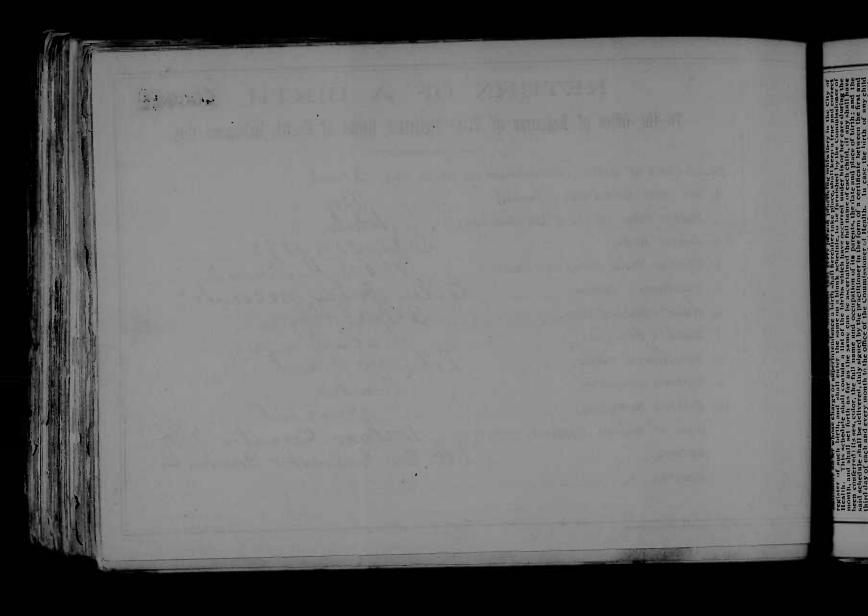
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RETURN OF A BIRTH. L00441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	o, of Child of Mother, (state whether 1st, 2a, 3a, &c.)
1.	Sex, (state whether male or female)
2	Race or Color, (if not of the white race) White
362 3	Date of Birth, \$2/01.3018.1872
	Place of Birth, (Street and Number) 1302 Hillman St
10	Full Name of Mother, Court
	Mother's Maiden Name, Ellew Jahay
	Mother's Birthplace, Incland
	3. Full Name of Father, Peter me Court
). Father's Occupation. Loarter
	O O
	Name of Medical Attendant, or other person who Wilmer Brinton M.A.
9 10 c	Name of Medical Attendant, makes this Return.
e nne	Address, S. W. Cor. leabrest + Porceton Ato.
d to ti	Remarks,
0	

WM. J. C. DULANY & CO , CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH, 100442

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d	d, &c.) / 1
1.	Sex, (state whether male or female)	male
2.	Race or Color, (if not of the white race) Date of Birth,	Sept 14 th 1892
4.	Place of Birth, (Street and Number)	N. W. Bedille & Home wood
	Full Name of Mother,	
6.	Mother's Maiden Name,	Horais
	Mother's Birthplace,	
8.	Full Name of Father,	Charle & Remehart
9.	Father's Occupation,	clerk
10.	Father's Birthplace,	//
	Name of Medical Attendant, or other person who makes this Return,	Mr. B Billing la
	Address,	1206 G. Vnsta
	Remarks,	

Wm J C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d	
1. Sex, (state whether male or female)	mili
2. Race or Color, (if not of the white race)	
3 Pate of Birth,	Sept 16 Ch 1892
4. Place of Birth, (Street and Number)	1065 N Gay C1-
5. Full Name of Mother,	
6. Mother's Maiden Name,	Hales
7. Mother's Birthplace,	Ballo to
8. Full Name of Father,	a C. Scholewald
9. Father's Occupation,	
(i). Father's Birthplace,	German
Name of Medical Attendant, or other person who makes this Return,	Mr. 03 Billing la
Address,	11616
Remarks,	

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH INGS

RETURN OF A BIRTH

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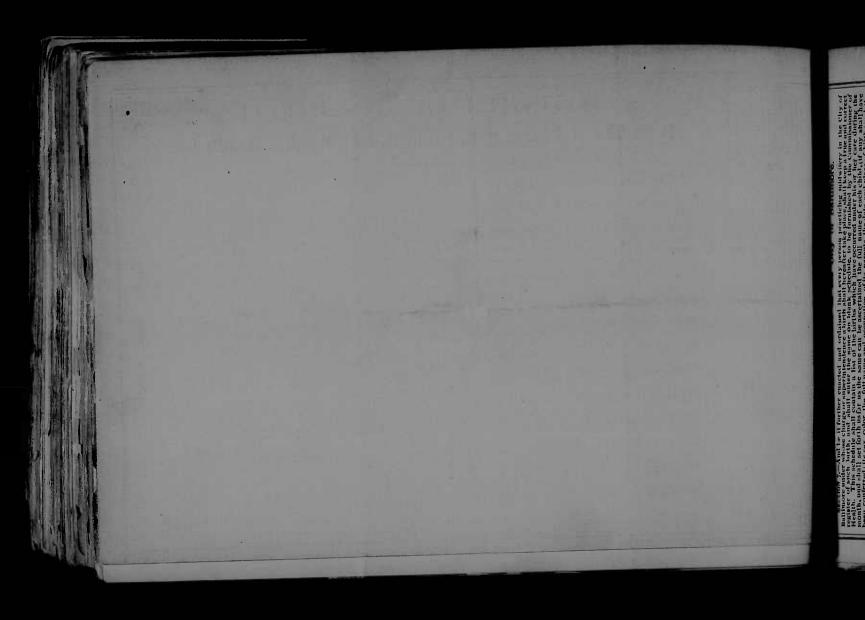
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Mother, (state whether 1st, 2d, 3		
1. Sex, (state w)	nether male or female)	Jemaly	
2. Race or Colo	r, (if not of the white race)	while	
3. Date of Bird	<i>ih</i> ,	4. Sept 92	
4. Place of Bir	th, (Street and Number)	339. Penn. ave	
5. Full Name of	f Mother, Euma	may Stitcher	4
6. Mother's Ma	iden Name,	andrews	
7. Mother's Bir	thplace. Ba	Memore City	
8. Full Name of	of Father. Chas &	Leur Stitcher	
9. Father's Occ	unation. Paper	Hanger	
10. Father's Bi		in aly	
	edical Attendant, or other person who	. /1/	MID
Address,	makes this Return,	15.20 Drus	Hel Tue
Remarks,	***************************************		

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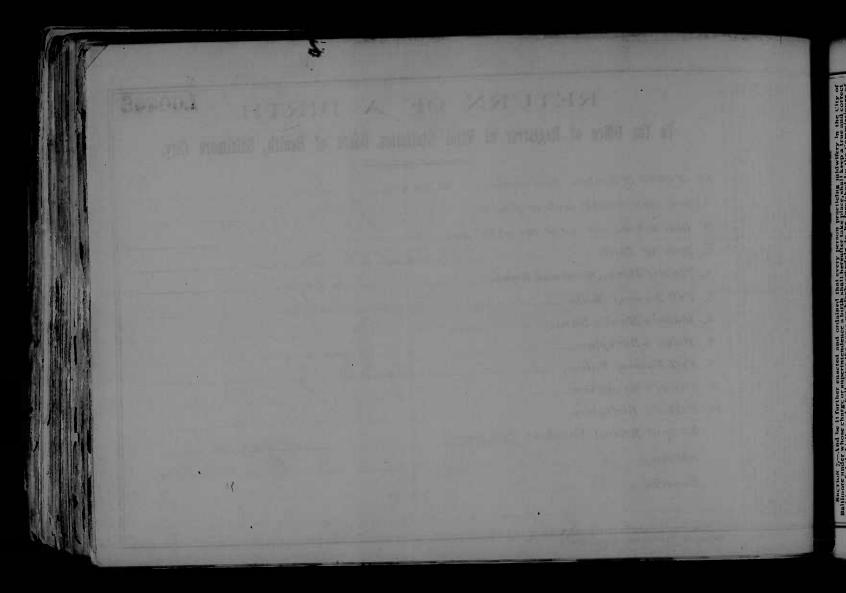
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RETURN OF A BIRTH L00445
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Howard Glaeser
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Street and Number) 1/6 P. Washington
4. Place of Birth, (Street and Number)
5. Full Name of Mother, May quada I flagging the state of
1. Mother's Birthplace, 1. Mother's Birthplace, 1. Mother's Birthplace, 2. Mother's Birthplace, 3. Mother's Birthplace, 4. Mother's Birthplace, 5. Full Name of Father, 6. Full Name of Father,
9. Father's Occupation, Angle teres
10. Father's Birthplace,
Name of Medical Attendant, or other person who
Address, 17296. 43 alle
Remarks, GIVEN HAME ADETO 1-4-54
Harden Franch Fr
WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS
Wm. J. C. Dulany Co., City Printers and Stationers.



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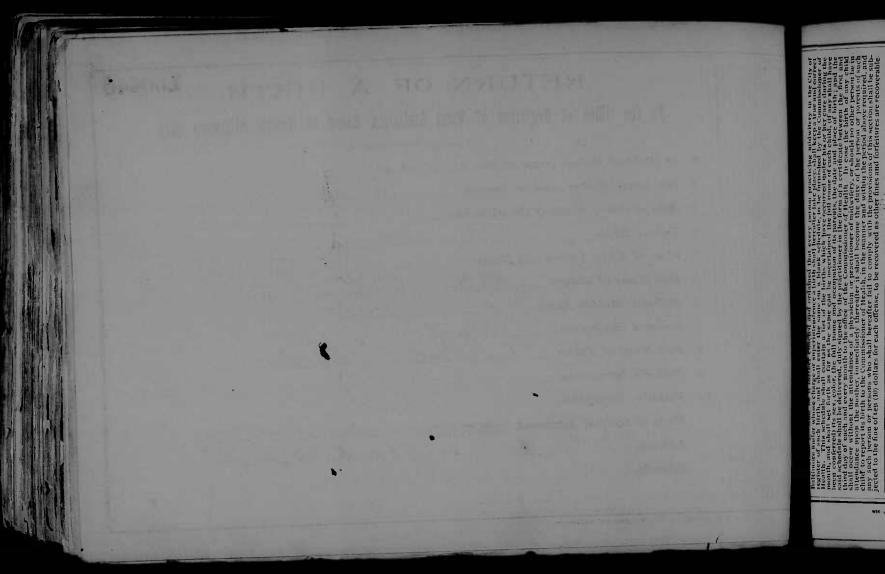
No	. of Child of Mother, (state whether 1st, 2d,	,
r.	Sex, (state whether male or female)	Male
1 1 2 2	Race or Color, (if not of the white race)	While-
3	Date of Birth,	La plunter 30, 1872
	Place of Birth, (Street and Number)	
5.	Full Name of Mother,	1
6.	Mother's Maiden Name,	O Lelling
7.	Mother's Birthplace,	Profine
	Full Name of Father,	
9.	Father's Occupation	Electric Light Ou
	Father's Birthplace,	
	Name of Medical Attendant, or other person who makes this Return.	12 brone 19
	Address,	
100	Remarks,	



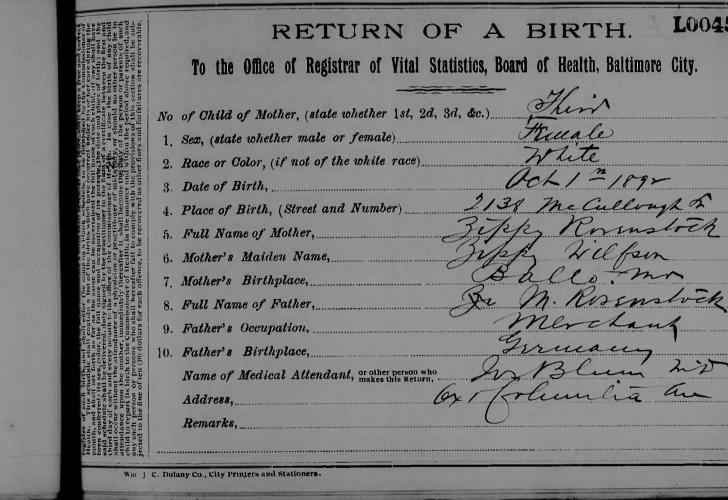
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In the Commission and commission and control and contr	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.		
idwifery keep a to to her co to her	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 hintle		
actions in actions in actions in action of each date and actification of the period of	1. Sex, (state whether male or female)		
rion principal of the full name control of its full name control of its full name control of its full name with and with and with control of its full name with the full name f	2. Race or Color, (if not of the white race) 3. Date of Birth, 10. Step tember 1892		
the state of the s	A Place of Rirth (Street and Number) 1122 II WATE DIV		
heet that Flanks shall Flanks while the com- recttion recttion recttion to shall h, in the complete complete to complete to complete to complete to complete	5. Full Name of Mother, Esther Bah 6. Mother's Maiden Name,		
und orduidence ub dence ub of the burner of the burner of the burner of the policies of the policies of the policies of the burner of Healt (fer fall the follower)	2 Mathered Dictionage Eswa Mid		
uperintent in the san din in the san	8. Full Name of Father, House France 9. Father's Occupation Koungmen		
further and whall all continue in a sint a s	10. Father's Birthplace, Name of Medical Attendant, or other person who Langue Houngless Line H		
whose ch whose ch birth, an heddie a is set for it is set for it is set on it be def h and ev out the a t the moto s birth to or person of ten (R	Name of Medical Attendant, or other person who Land Hountley Address, 1125 Fratt Street		
ve under of shis so and shal and shal and shal redule sh ay of eac report it h persou	Remarks,		
Bailing Heath, Heath, month, been es said sel third di shall oc attenda child to			

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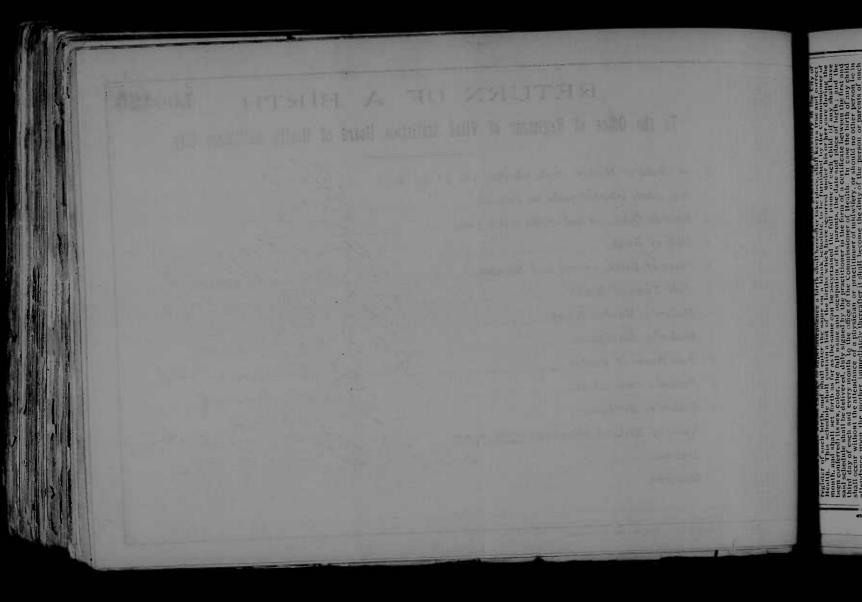
No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 30 Repl,
	Place of Birth, (Street and Number) 20 3 Junia g Alley
5.	Full Name of Mother, Mella Beeher
6.	Mother's Maiden Name, = Thelmn
7.	Mother's Birthplace, Ball.
8.	Full Name of Father, Robert Beeher
	Father's Occupation,
10.	Father's Birthplace, Ball.
	Name of Medical Attendant, or other person who Anna Haller
	Address, 928 1. Cent Au.
	Remarks,



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mid consistent of mission of miss	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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ished ished the and each the and the por sho the pour sho	1. Sex, (state whether male or female) Afaile
ke place furnitude of a color of	2. Race or Color, (if not of the white race) Afrate
her in the full the f	Buringte of Birth, 18 Sef 189)
therenge the control of the control	4. Place of Birth. (Street and Number 2 13 North This woller It
h shart hank whi he whi he crition commi- shart in the c cong	5. Full Name of Mother, Abong and Denly or
m. "I had a min me	6. Mother's Maiden Name, 'C Ledley
nidence same the can de and de and de and de can de can there of H reafter offens	7. Mother's Birthplace, Contraction
verinte er the the se H nam Y signe of a p intely ission	8. Full Name of Father, Color of Cleyborth
or support sup	9. Father's Occupation, Att te Trocher
charge mil sh mil sh mil sh orth as color. celivere very m other to the to the Sons v (10) do	10. Father's Birthplace, 4 1/7
whose hirth, set for its sex. Iff be d in the control of the m	Name of Medical Attendant, or other person who
such Such This so Tred) i ule sha ule sha i f each i moon port it person	Address, 1004 JUST Le your for
ster of th, and th, and confe sched d day d to re f to re Such p	Remarks,
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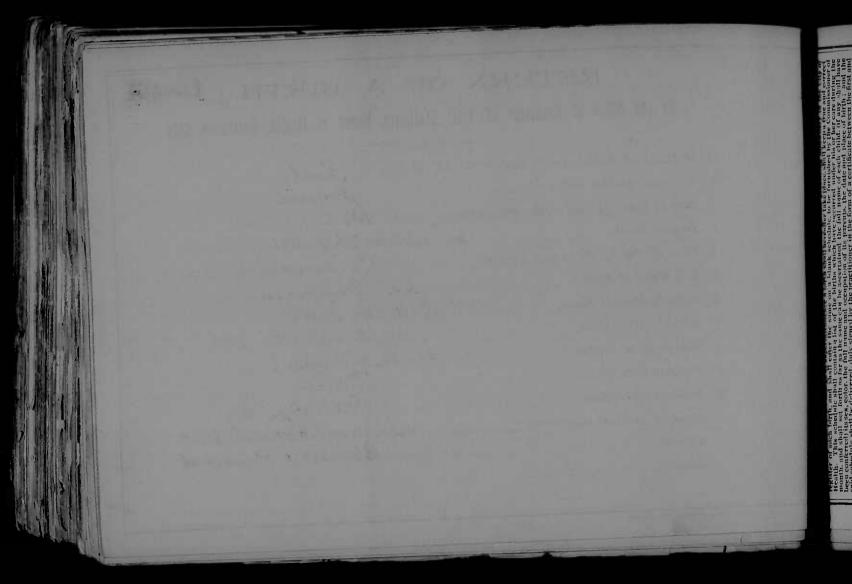
L00450



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of United of Mother, (state whether 1st, 2d,	$3d, \mathbf{\&c.})$
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	October 26 th. 1892
4. Place of Birth, (Street and Number)	406 E. Biddle Dt
5. Full Name of Mother,	
6. Mother's Maiden Name,	Late wy gand
7. Mother's Birthplace,	Baltimone mos
1.	George Michael
9. Father's Occupation,	
10. Father's Birthplace,	Baltingre, md
Name of Medical Attendant, or other person who	Wilmer Brintow m.o.
	lor Balnert + Preston st.
Remarks.	
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#M. J. C. DULANY & CO , CITY PRINTERS AND STATIONERS

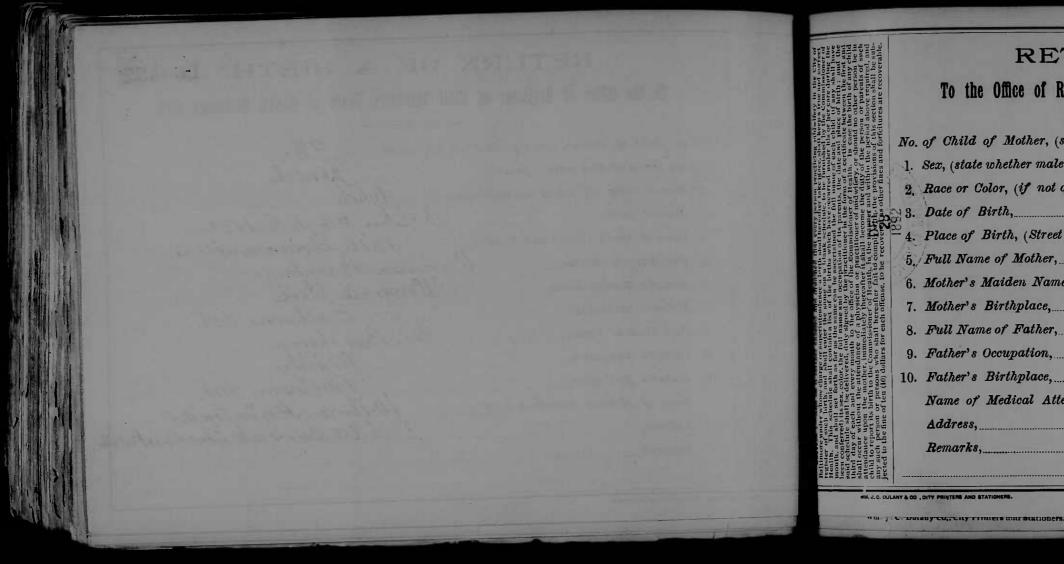


To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

o. of Unita of Mother, (state whether 1st, 2a,	
Sex, (state whether male or female)	Jemalo
Race or Color, (if not of the white race)	White,
3. Date of Birth,	clober 9th: 10th. 1892
4. Place of Birth, (Street and Number)	1316 Government and
5. Full Name of Mother, Try	mia Bamberger
6. Mother's Maiden Name,	Angmia Prote
7. Mother's Birthplace,	Baltimme md
8. Full Name of Father,	les. Bamberger.
9. Father's Occupation,	Printer
0. Father's Birthplace,	Ballmine md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Byintow M.A
Address,	S.W. Cor. le about + Preston
Remarks,	

#M. J. C. DULANY & CO , CITY PRINTERS AND STATIONER

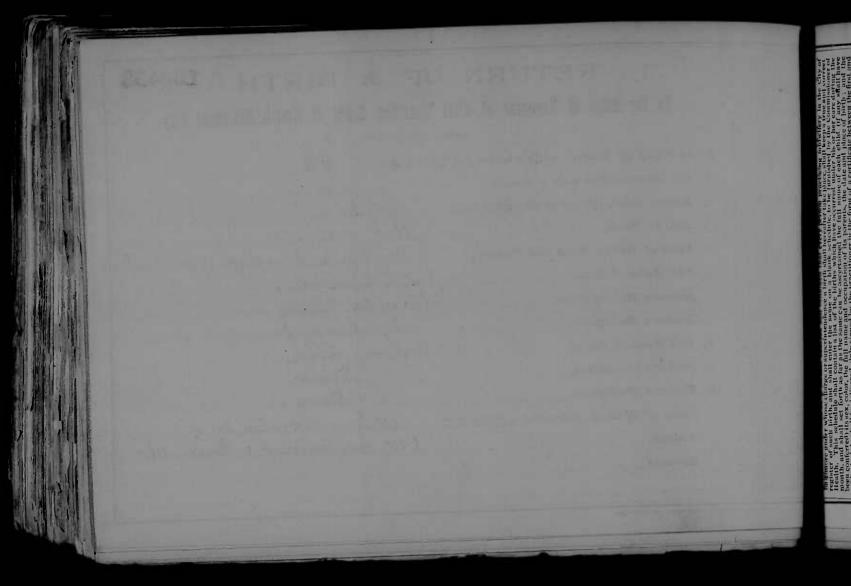
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RETURN OF A BIRTH A LOO453

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Sex, (state whether male or female)	1004
Race or Color, (if not of the white race)	
Date of Birth,	Oct. 215%.
Place of Birth, (Street and Number)	
Full Name of Mother,	Balinda Link
Mother's Maiden Name,	Zalmda Frussel
1 Mar 2 May	Lynchburg Na
Full Name of Father,	God fry List
Father's Occupation,	Dailor
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton mo
Address,	S. W. lon lealnest r Poreston Ots
Remarks,	

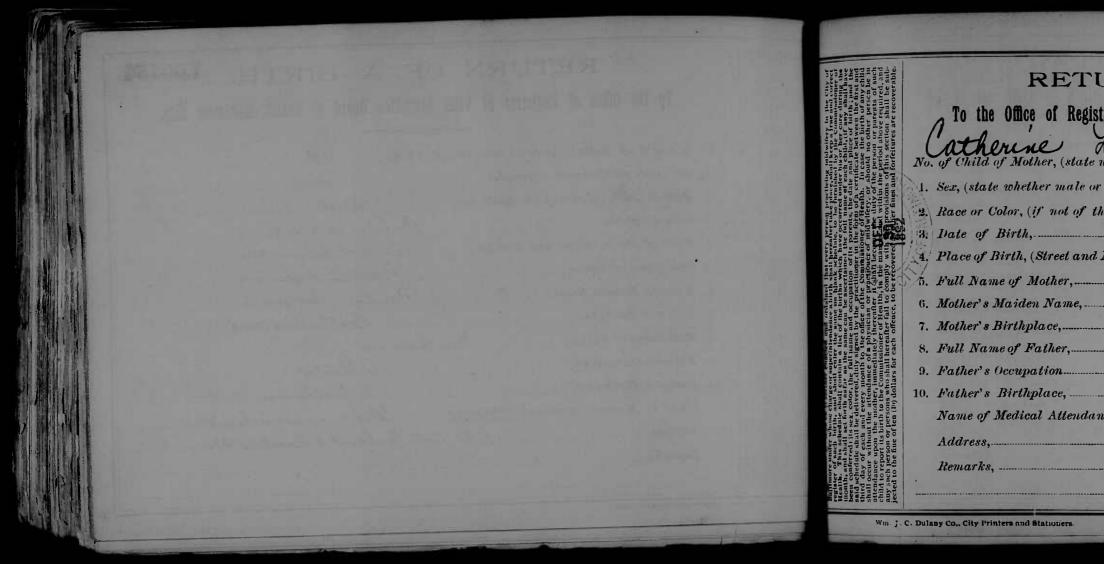


To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d,	3d, &c.) 10f,
1. Sex, (state whether male or female)	mole
2. Race or Color, (if not of the white race)	
3. Date of Birth,	October 15th . 1892
4. Place of Birth, (Street and Number)	1606 Hopkom ane
5. Full Name of Mother,	Pauline Lessner
6. Mother's Maiden Name,	Pauline tormine
7. Mother's Birthplace,	Baltimore, mos
8. Full Name of Father, 980.	lesner.
9. Father's Occupation,	bollector.
10. Father's Birthplace,	Baltimone md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton m.s
Address, S.W.C.	Leabourt + Preston Oto
Remarks,	

MM. J. C. DULANY & CO , CITY PRINTERS AND STATIONERS.

"III. T. C. Daistry Co., City Frimers and Stationers



oner of	RETURN OF A BIRTH L00455
a True must commission of birth 19 tween the fir tween the for other person of parents hove requir	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
shirll kitch ished by the feach child, feach child, feach child, feach child feach child for a sharp the person the person the person the person the person and forfeitu	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
coursed unit of the district o	2. Race or Color, (if not of the white race)
which the the which have established the commission the commission the commission to the manual with a multi with a recovered	5. Full Name of Mother,
denice a triple of the births of the births of the births by the pract office of the births of the hereafter at the fail to co office, to be	6. Mother's Maiden Name, Lance
which the man of the m	8. Full Name of Father, Scarl Hills Standard
irin, and had a delice shall consider shall conside	Name of Medical Attendant, or other person who have this Return.
Mary of the first	Remarks, 229 4 3/2 26
Hees Hees Hees Said Chile Chile	

No.	of Child of Mother, (state whether 1st, 2a,	5a, wc.)	
1.	Sex, (state whether male or female)	Female	l
2.	Race or Color, (if not of the white race)	\sim	
3.	Date of Birth,	25 1892	
4.	Place of Birth, (Street and Number) Full Name of Mother,	707. A Carey	
5.	Full Name of Mother, Kann	ie B Hewler	
6.	Mother's Maiden Name, Mother's Birthplace,	nie Berg	
7.	Mother's Birthplace,	Ballo	
8.	Full Name of Father, Um G.	Hunter	
a	Father's Occupation.	Collector	
10.	Father's Birthplace,	Paclo	
	Name of Medical Attendant, or other person who	0.6 Quar-	
	Address,	576 Park	
	Remarks.		

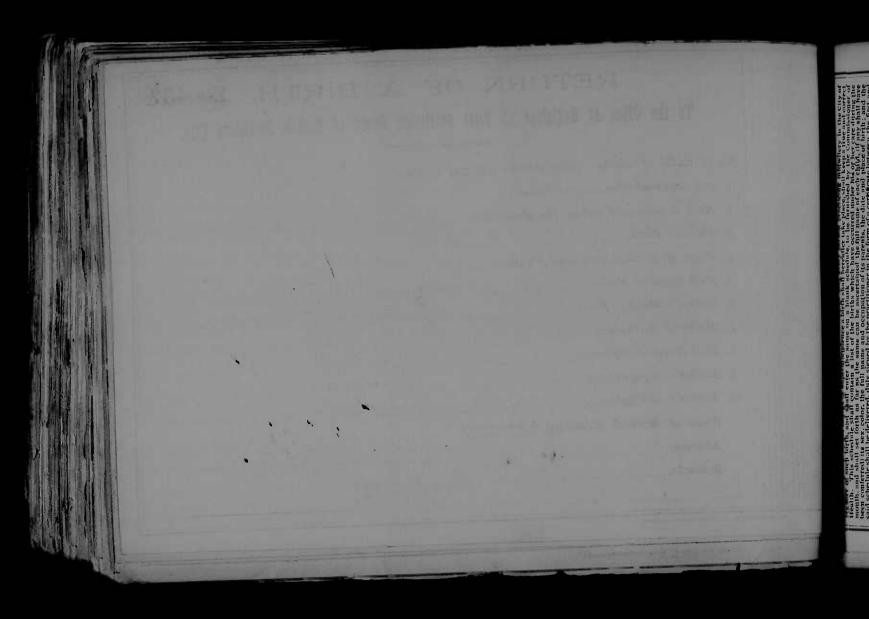


To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) .
	Race or Color, (if not of the white race)
3.	Date of Birth, 0 ct 1.92.
4.	Place of Birth, (Street and Number) 12/ 11/15
	Full Name of Mother, Laura Wheeler
6.	Mother's Maiden Name, " Un e chen herenmer
7.	Mother's Birthplace, Bultuners
8.	Full Name of Father, a. J. Wheeler
9.	Father's Occupation, The edicist
10.	Father's Birthplace, JMN. Pa.
	Name of Medical Attendant, or other person who A. S. Hau
	Address, 713 Find Road
	Remarks,

WM.J.C. DULANY & CO , CITY PRINTERS AND STATIONER

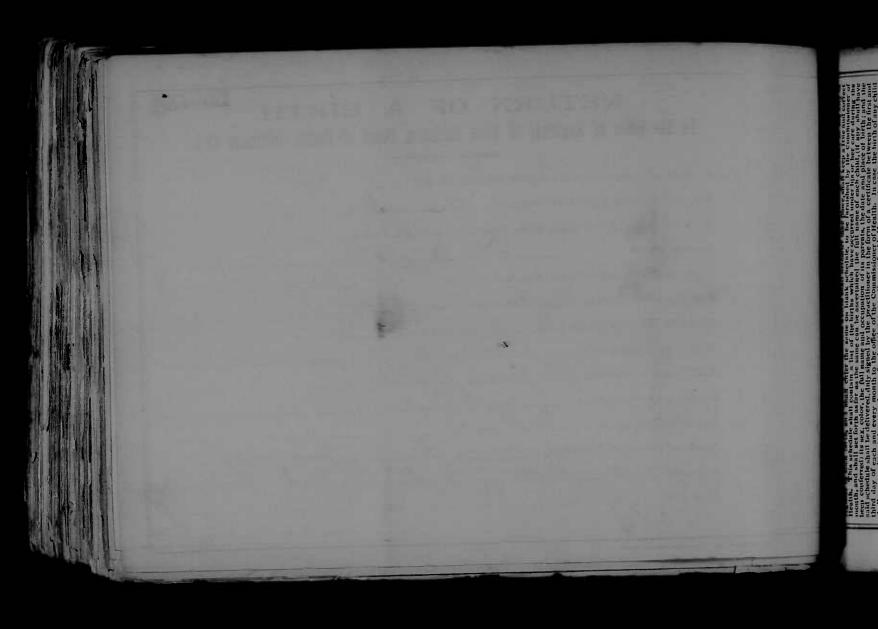
WM. J. O. BULANY CO CITY PRINTERS AND STATIONER



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, Oct. Sec. 30 th 1892,
4.	Place of Birth, (Street and Number) Balt No. 1408 6. Ballinge It
5.	Full Name of Mother, Mrs. Louision Heus les
6.	Mother's Maiden Name, Mrs. Louisa Listz
7.	Mother's Birthplace, Balling of
8.	Full Name of Father, Mr. Hornist Henry les
9.	Father's Occupation, Merchant Touglas
10.	
	Name of Medical Attendant, or other person who Mars for Krueger
	Address, No 2026 & Fayette St. Balt. Md.
	Remarks,

WM. J. O. BULANY GO CITY PRINTERS AND STATIONER



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

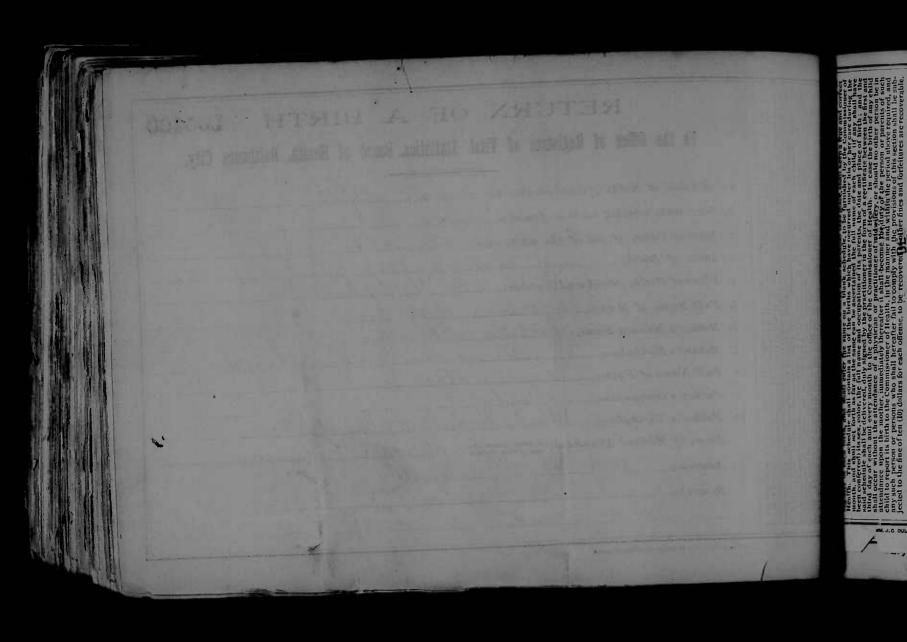
	Race or Color, (if not of the white race) Color
3.	Date of Birth, Det 22 /89.2
	Place of Birth, (Street and Number) 4 3 5. At Mory
	Full Name of Mother, Mary & Brown
6.	Mother's Maiden Name, Mary & Mitchell
7.	Mother's Birthplace, Ballimore Md.
8.	Full Name of Father, James & Bavern
	Father's Occupation Italies
10.	Father's Birthplace, Washington
	Name of Medical Attendant, or other person who Halsten Catania
	Address, 309 Proston St.
	Remarks.

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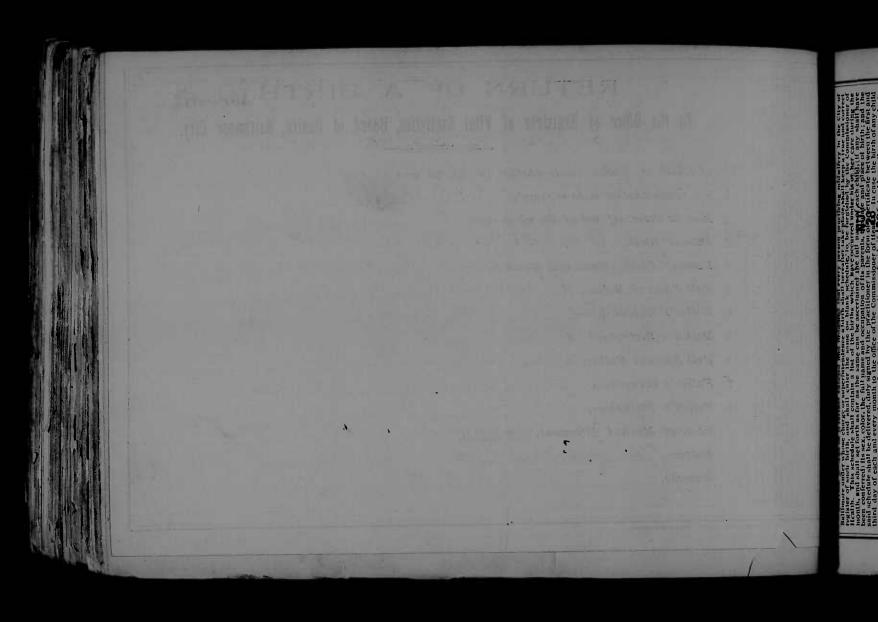
RETURN OF A BIRTH. L00460 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) male
2.	Race or Color, (if not of the white race) blosed
	Date of Birth, Oct. 15, 1892
4.	Place of Birth, (Street and Number) 54/ 6 dehin St.
5.	Full Name of Mother, Birtina Deman
	Mother's Maiden Name, Girlessa Mogrety
7.	Mother's Birthplace, Ballianore Gity 16 anyland
8.	Full Name of Father, Oragnetar & Constrain
	Father's Occupation Waites
10.	Futher's Birthpluce, West Indies Doland
	Name of Medical Attendant, or other person who Hester Botanes
	Address, 509 W. Preston SV.
	Remarks,



RETURN OF A BIRTH. 160461 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c)
Sex, (state whether male or female)
Race or Color, (if not of the white race)
Date of Birth, Octo 1st 1892/7
Place of Birth, (Street and Number) 602 / Calvert
Full Name of Mother, Curie Callahan
3. Mother's Maiden Name, 30 " Wrisherge
7. Mother's Birthplace, Ofica
3. Full Name of Father, Octer Callahan
). Father's Occupation. Green Grocer
). Father's Birthplace, Ireland
Name of Medical Attendant, or other person who lev, D. Hayred Car M. M.
Address, 711 A. Colvert It
Remarks,



RETURN OF A BIRTHALOGAGE

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
	Race or Color, (if not of the white race) Date of Birth, 92
3, 4.	Place of Birth, (Street and Number) 2/3 Shift
5.	Full Name of Mother, Alynnak
6.	Mother's Maiden Name, Oohin
7.	Mother's Birthplace, Waskamise Risss.
	Full Name of Father,
	Father's Occupation Control Finds.
	Name of Medical Attendant, or other person who Return, Statement S
	Address, 207 Migh
	Remarks,

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RETURN	OF	A	BIRTI	H. A.	L0046
Office of Registrar of Vita					

	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
	Date of Birth, act 3 th 92
4.	Place of Birth, (Street and Number) Lation of the Law Lawale
5.	Full Name of Mother, his John Range
	Mother's Maiden Name, Sattle Rayman
7.	Mother's Birthplace, Butte Lite
8.	Full Name of Father, John J. Rayman
9.	Father's Occupation, Congress 3.6/8/8
10.	Father's Birthplace, 19alle- City
	Name of Medical Attendant, or other person who Heart Level States
	Address, # 1678 To Calvert Ut
	Remarks.

Wm | C. Dulany Co., City Printers and Stationers.

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Mattheway 7,—And he in register of such hiose characters of such hiose characters of such his schedule without his schedule will be such his characters in see, colored shall occur without the all child to report its his his lock most child to report its his his his his his his with such present may such present his such present his his high to have a such as the properties his high to have a such as the present his high to have a such as the present his high to have a such as the present his high to he fire of the time of the fire of the fi	10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address, Remarks,

RETURN OF A BIRTH LO0465 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female)..... 2. Race or Color, (if not of the white race) 3. Date of Birth, Oct - 5 - 1892 4. Place of Birth, (Street and Number) 420 H. Garrline of 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace. 8. Full Name of Father, James 93. Gearing 9. Father's Occupation, Leggraph oferator Name of Medical Attendant, or other person who makes this Return. Address. Remarks.

RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &c. 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race)... 3. Date of Birth, 4. Place of Birth, (Street and Number) 7/61. Bud S. Brick 6. Mother's Maiden Name. austria. 7. Mother's Birthplace, Traac. Ban 8. Full Name of Father, Pedler. 9. Father's Occupation, Russia Poland: 10. Father's Birthplace, Name of Medical Attendant, or other person who Address,

Address,

2 8 augustus Remarks.

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Barrier Barrie	1. Sex, (state whether male or female).
THE STATE OF THE PARTY OF THE P	2. Race or Color, (if not of the white race)
one on the column of the colum	2. Race or Color, (if not of the white race) 3. Date of Birth,
the control of the co	4. Place of Birth, (Street and Number) 133 Salaring St
s in the short his whenk his whenk his whenk his whenk his whenk section completed in the completed	5. Full Name of Mother, Bikie
ordering ordering ordering ordering ordering order ordering order ordering order ordering order ordering orderi	6. Mother's Maiden Name, BEALING
nuted control of the	7. Mother's Birthplace, Rigo Rins
and the same of th	8. Full Name of Father, Oscar Rosenblat
or supplied to the control of the co	9. Father's Occupation
if furth harge and should shou	10. Father's Birthplace, Walkerman Ang
had be not	Name of Medical Attendant, or other person who Palline
der welcher welch bis seche hall se sche hall se cach its cach it the pon to pon to the tits be con or time of ine of the con or the	Address, 201 Stight
rrow ore un of Si ore un and Si ore un coult w ore u rece u	Remarks,

L00467

To the Office of Paris State of Paris Band of State of St

RETURN OF A BIRTH. A LOO468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Sex, (state whether male or female)
60	Race or Color, (if not of the white race)
	Date of Birth, Qch 10# 1092
	Place of Birth, (Street and Number) /32 8 Grayle ac.
5./	Full Name of Mother, Felic Offif
6.	Mother's Maiden Name,
7.	Mother's Birthplace, Balte.
8.	Full Name of Father, Secolo Heis
9.	Father's Occupation, Lalesman
().	Father's Birthplace, 13 alls.
	Name of Medical Attendant, or other person who Scarofellikout
	Address, 20 Ricy nich
	Remarks,

RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race) Oct 10 1872 3. Date of Birth, 734 North Ester St Mrs Opice Jeanty 4. Place of Birth, (Street and Number) ... 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace,... 8. Full Name of Father,... James Oncice Liney Stable 9. Father's Occupation, ... 10. Father's Birthplace, 1 Pacro Name of Medical Attendant, or other person who makes this Return. Address, Remarks.

L00469

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RETURN OF A BIRTH. ALOUATI

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex, (state whether male or female) Male
13	Race or Color. (if not of the white race) White
о,	Date of Birth, Delete, 11 1000
4.	Place of Birth, (Street and Number) Do Ashland Are
5.	Full Name of Mother, Stor A Rock
6.	
7.	Mother's Birthplace, Balls Os
8,	Full Name of Father, James & Rock
9.	77 47 4
10,	Father's Occupation Complege Electric Light Co
	Name of Medical Attendant, or other person who makes this Return.
	Remarks,

RETURN OF A BIRTH. L00472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female).
2.	Race or Color, (if not of the white race)
彩縠.	Date of Birth, (() t 1) 14 197
	Place of Birth, (Street and Number) 90,9 Atyles 27
-5.	Full Name of Mother,
6.	Mother's Maiden Name, & of Serg
7.	Mother's Birthplace, Korne Russ
8.	Full Name of Father, Jacob as oldler
9.	Father's Occupation Northernan
10.	Father's Birthplace, Korno Chil.
	Name of Medical Attendant, or other person who Palling State
	Address, 207 Stigh St.
	Remarks, Presentation ROA, and one Extended arm
	over head,

RETURN OF A BIRTH. LOGATS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, (1) cf 13 '92
4. Place of Birth, (Street and Number) 360 gay St.
5. Full Name of Mother, Berthy
6. Mother's Maiden Name, Sugar Sugar
7. Mother's Birthplace, Atalin Glerman
8. Full Name of Father, Johan Soldle chi
9. Father's Occupation also
10. Father's Birthplace, Sand
Name of Medical Attendant, or other person who Paul ne fort
Address, 207 S Stight St.
Remarks,

1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 3. Date of Birth, 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, 10. Father's Birthplace, Address. Remarks. Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A LOGA74

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, (Street and Number)

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Address,

12. Sex, (state whether male or female)

13. dec.)

14. Sex, (state whether male or female)

15. Sex, (state whether male or female)

16. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth,

5. Full Name of Mother,

6. Mother's Birthplace,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

d corresponding to the corresp	RETURN OF A BIRTH LOO
thery in the the commiss her commiss her care du l. (if any stee of birth; ece of birth; ece of birth of a he birth of a to parents of parents above requirections shall such a commission of the birth of o	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City
hall kee hall kee chilby ti his or child pla ficate h case t could no period fthis sed	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 to Kind
number of a date of a date of a certiful. In the of the him the ions of the him the ions of the date of the him the ions of the date of th	1. Sex, (state whether male or female) Mathen
It mam nus, the or most wifery he dut nud with provis	2. Race or Color, (if not of the white race) 15 6 htolen 1890
the factor of th	3. Date of Birth, 1890
uncel noner i manis ioner i ioner i all bec he ma ply w	4. Place of Birth, (Street and Number) 130/ E. Frentt Str
ascertification of the company of th	5. Full Name of Mother, July Eilel
the by th	6. Mother's Maiden Name,
same as a serie as a serie of the off the off the one one one one of the serie of the serie of the off	7. Mother's Birthplace, Eurofoll 8. Full Name of Father, Eilel
as the full n luly sign that to ce of a nediat tunissis hall he	9. Father's Occupation Hantwer for
or, the ered or ry mo ry mo tendan er, im he Coh who s	10. Father's Birthplace,
control of the state of the sta	Name of Medical Attendant, or other person who Lina Handler
school its school its school its school ithout your thout the tits bin on or part on or part on or part of the	Address, 1125 & Prott Str
dule dule of e pers	Remarks,

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To the Quee of Register of Vital Statement City.

RETURN OF A BIRTH.

L00476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

IVO.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female).
2.	Race or Color, (if not of the white race)
3.	Date of Birth, (Oct 15th 19)
	Place of Birth, (Street and Number) 300 Asquieth of
5.	Full Name of Mother, Junha
6	Mother's Maiden Name, Sakolsky
7.	Mother's Birthplace, Konno Reess
8. 2	Full Name of Father, Aiman and
9. 1	Father's Occupation (Land)
10. 1	Father's Birthplace, Sielo Sinnany
	Name of Medical Attendant, or other person who had been still stil
	Address, 207 S. High of t.
1	Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH A LOCATO

110. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Qet - 17 - 9-3
4. Place of Birth, (Street and Number) 530 N. Gaelal
5. Full Name of Mother, Lilly Exerclass
6. Mother's Maiden Name, " Hastel,
7. Mother's Birthplace, Cely
8. Full Name of Father, Win. J. Esenhard
9. Father's Occupation, Manfit silver wase
10. Father's Birthplace, Qt
Name of Medical Attendant, or other person who
Address, 1729 & Ballo il
Remarks,

RETURN OF A BIRTH. A LOG478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	
2. Race or Color, (if not of the white race)	
3. Date of Birth,	
4. Place of Birth, (Street and Number) 28 Lion	, 11
5. Full Name of Mother, Barbara Ries	war.
6. Mother's Maiden Name, The lean	·····
7. Mother's Birthplace, Ball.	
8. Full Name of Father, Charles Rie	
9. Father's Occupation,	
1). Father's Birthplace, Germanie	
Name of Medical Attendant, or other person who chung	Man
Address, 928 M. C. 1	Walker
Remarks,	
,	

To the Of 3. Date of Birth, 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation 10. Father's Birthplace, Address,..... Remarks, ..

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ice of		of	Vital	Statistics, Boa				

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, (Street and Number)

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Selection

6. Mother's Maiden Name, Mother's Maiden Name, Mother's Birthplace, Kolymo Ruffer

8. Full Name of Father, Holman Selection

9. Father's Occupation

10. Father's Birthplace, Regular Return, Name of Medical Attendant, or other person who makes this Return.

Address, Mother's St. Kolymo Ruffer

1. Sex, (state whether male or female)

1. Sex, (state whether last, 2d, 3d, &c.)

1. Sex, (state whether male or female)

1. Sex, (state whether male or female)

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1. Sex, (state whether last, 2d, 3d, &c.)

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RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1. Sex, (state whether male or female)... 2. Race or Color, (if not of the white race)... 3. Date of Birth, ... 4. Place of Birth, (Street and Number) Malying Hiptie 817 Line 5. Full Name of Mother, ... 6. Mother's Maiden Name, 7. Mother's Birthplace, ... 8. Full Name of Father,... 9. Father's Occupation, ... 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, ... Address, Remarks. Will J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH LOG481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d	d, 3d, &c.)
	Sex, (state whether male or female)	
2.	Race or Color, (if not of the white race)	White,
.3.	Date of Birth,	October 730 1802
4.	Place of Birth, (Street and Number)	2002 Barckley of
5.	Full Name of Mother,	Oliseboth A Hoods.
6.	Mother's Maiden Name,	Elisabeth A, Ford.
7.	Mother's Birthplace,	Baltinen location
8.	Full Name of Father,	Hudson A grods
9.	Father's Occupation,	Carpenter.
10.	Father's Birthplace,	Maryland
	Name of Medical Attendant, or other person who makes this Return.	John Stennington M.D., 1716 Linden an
	Address,	1716 Linden Que
	Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L00482 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)	Male	
2. Race or Color, (if not of the white rac	3e)	
3. Date of Birth,		191
4. Place of Birth, (Street and Number)		St
5. Full Name of Mother,	ena	
6. Mother's Maiden Name,	Lipshin	
7. Mother's Birthplace, 3	chear o	2.6:
8. Full Name of Father, Qu	orti sol	
9. Father's Occupation	wrusain	
10. Father's Birthplace,	Bulling	R
Name of Medical Attendant, or other person makes this Re		00+
Address, 207 S	LES SX	Olole
Remarks,	· · · Jue on	

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RETURN OF A BIRTH. ALOG483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

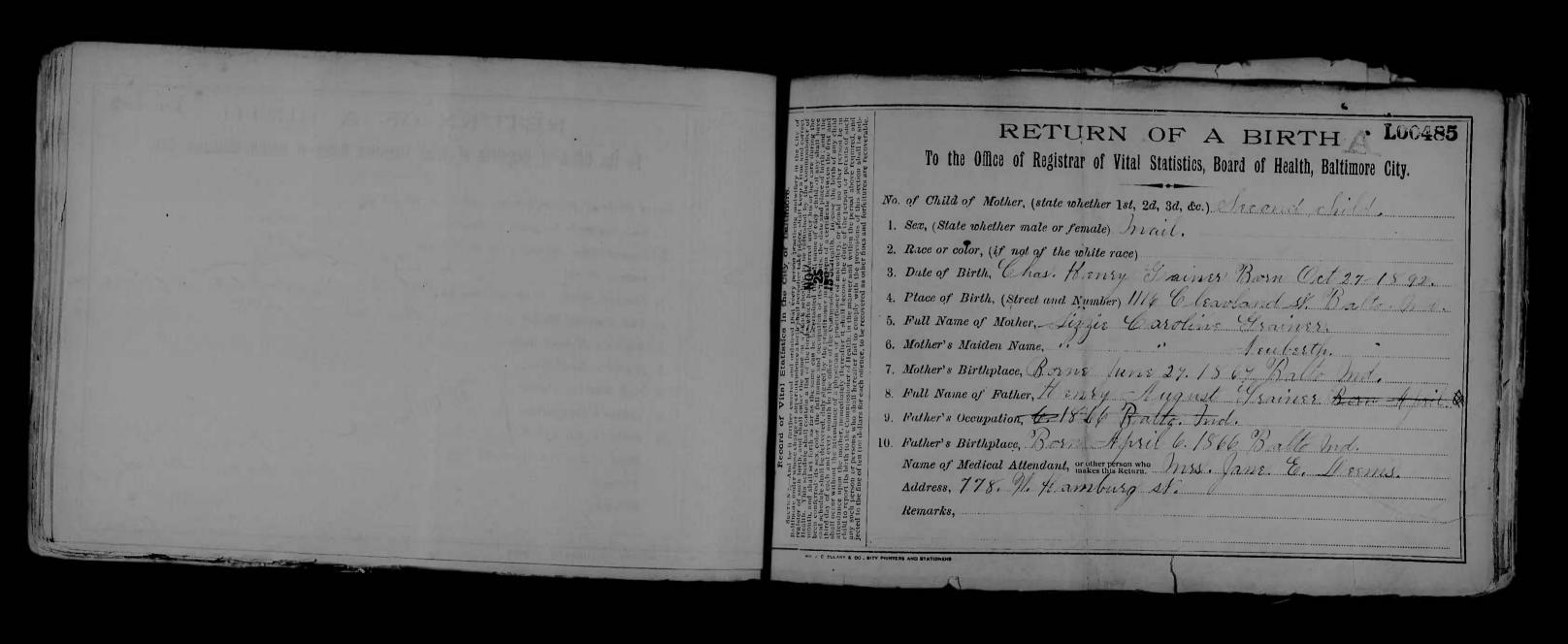
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1. Sex, (state whether male or female)	
2. Race or Color, (if not of the white race) Colid	•••••
3. Date of Birth, Cet 26 tto 92	
4. Place of Birth, (Street and Number Me Line Hopital # 817)	g a
5. Full Name of Mother, Georg's Henries	1
6. Mother's Maiden Name, 11	
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation,	······································
0. Father's Birthplace,	ha
Name of Medical Atlendant, or other person who makes this Return,	
Address, Address,	a.)
Remarks,	

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RETURN OF A BIRTH. L00484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race).
3. Date of Birth,
4. Place of Birth, (Street and Numbell & Line Holes # 8178
5. Full Name of Mother, Road Su-198
6. Mother's Maiden Name, // 9
7. Mother's Birthplace, 91-8
8. Full Name of Father,
9. Father's Occupation, lat
10. Father's Birthplace, Kurung
Name of Medical Attendant, or other person who makes this Return,
Address,
Remarks,



RETURN OF A BIRTH LOG486 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).... 1. Sex, (state whether male or female) Finale Race or Color, (if not of the white race)..... 3. Date of Birth, 4. Place of Birth, (Street and Number)..... 406 Commer Place 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace,..... 8. Full Name of Father, Ges Grawley 9. Father's Occupation 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return,.... Address Remarks, ... Wm. J. C. Dulany Co., City Printers and Stateoners

RETURN OF A BIRTH L00487 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) \(\Lambda_{\subset}(\cdot)\)
Date of Birth, UN 29 0. 9~
4. Place of Birth, (Street and Number) [15 W. Jowbard
5. Full Name of Mother, man man
6. 'Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, Mry June
9. Father's Occupation
10. Futher's Birthplace,
Name of Medical Attendant, or other person who will have this Return, W. Wan land Yamus
Address, U.S. W. Lowberd.
Remarks,

RETURN OF A BIRTH. L00489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Sex, (state whether male or female)
2. 3c	Race of Color, (if not of the white race) While.
4	Place of Birth, (Street and Number) 115 W. Lowbard
5.	Full Name of Mother, Many Colum.
	Mother's Maiden Name,
7.	Mother's Birthplace,
8.	Full Name of Father,
9.	Father's Occupation "
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return, W. Wayland Yanus
	Address, 115 W Lowboard
	Remarks,

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RETURN OF A BIRTH. L00490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

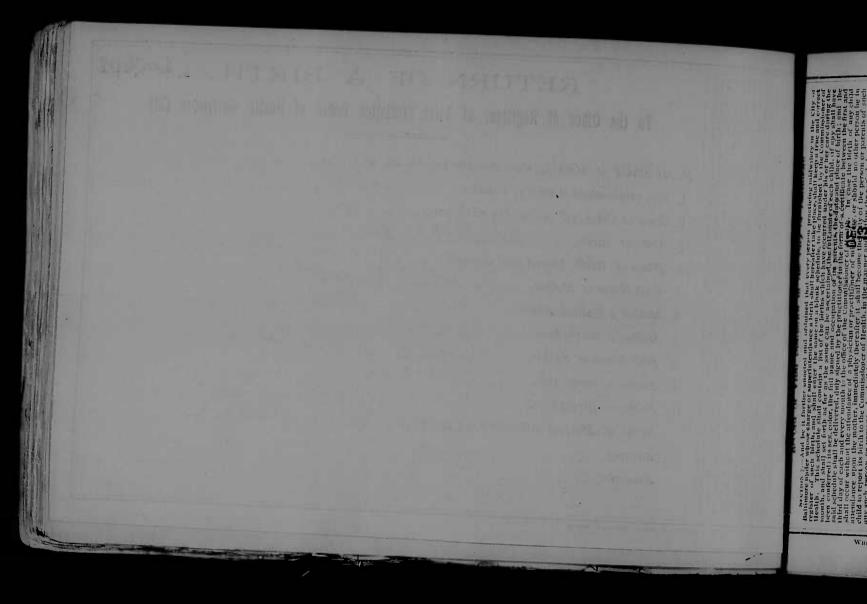
TO TO		of Child of Mother, (state whether 1st, 2d, 3d, &c.)
nes a	1.	Sex, (state whether male or female) ail
ther	2.	Race or Color, (if not of the white race)
des		Date of Birth, 30 Coll.
A A		Place of Birth, (Street and Number) 924 Herling
De rec		Full Name of Mother, Therese Sinch
04 , 20 E	6.	Mother's Maiden Name, Biemen
OH OH	7.	Mother's Birthplace, Gun.
T Carci	8.	Full Name of Father, Sougene Fine
	9.	Father's Occupation / Layfor
1	0.	Father's Birthplace, Gran,
	-	Name of Medical Attendant, or other person who makes this Return, chana Waller
		Address, 928 N. Cal
		Remarks,

RETURN OF A BIRTH. A LOCA91

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Smale
2. Race or Color, (if not of the white race)
3. Date of Birth, Och 30: 92
4. Place of Birth, (Street and Number) 1620 Sh Paul of
5. Full Name of Mother, XIII Scott
6. Mother's Maiden Name, " Sugar
7. Mother's Birthplace, Ballon
8. Full Name of Father, Dunger & Scott
9. Father's Occupation, Broken
10. Father's Birthplace, Balling
Name of Medical Attendant, or other person who
Address, 900 Madison Rive
Remarks,

WM. J. C. DULANY & CO , SITY PRINTERS AND STATIO



RETURN OF A BIRTH. A LOG492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

		0 . 120
No. of Child of Mother, (state wh	hether 1st, 2d, 3d, &c.)	3rd Child
1. Sex, (state whether male or)	female, Therery Mall	er Lucau-Boy
2. Race or Color, (if not of the	white race).	Wolf on to
3. Date of Birth,	riday Web 24th	- 1822
4. Place of Birth, (Street and A	Vumber (3/2)	reguent auc
b. Full Name of Molher,	tone note	6
6. Mother's Maiden Name,	Januale	Laille -
7. Mother's Birthplace,	Walken bane	Hing George Go. Ha
8. Full Name of Father,	corles Villiano N	Cepander Duncan
9. Father's Occupation,		Birli
10. Father's Birthplace,	Bulfalo	V. 46
Name of Medical Attendant,	or other person who	LE KELT
Address,	22	06 Elling St
Remarks,	-A	
17 40 11		S

RETURN OF A BIRTH. ALGO 493

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

18t, 2a, 3a, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Q e X 2 5 - 2 /892
4. Place of Birth, (Street and Number) #4/0 6 9/11-4-th
5. Full Name of Mother, Language Abrantele
6. Mother's Maiden Name,
7. Mother's Birthplace, 2 6. Pa
8. Full Name of Father, asept Sprantell
9. Father's Occupation, 6 Luduster 2.6 R.R.
10. Father's Birthplace, La Co. Poc
Name of Medical Attendant, or other person who Hange of Leuns Houses
Address, #1628 2. Galiet /Al
Remarks, Salto Gil
- Jaco-Guy

RETURN OF A BIRTH. L00494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) The Lite
3. Date of Birth, Qet 3 oth 1892
4. Place of Birth, (Street and Number) # 414 6 Fide of
5. Full Name of Mother, and The Grane
6. Mother's Maiden Name, Gunni Shifler
7. Mother's Birthplace, Mistricetter In &
8. Full Name of Father, Com P. M. Gani
9. Father's Occupation, Firm PMYBAR.
10. Father's Birthplace, Basto-Go no
Name of Medical Altendant, or other person who Heavy Acres Atalian
Address, #16 28 7. Culvet 25
Remarks, Leilin

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L00495

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Hace or Cotor, (if not of the voltile race)
3. Date of Birth, 6-1- 3 126-
4. Place of Birth, (Street and Number) # 26 Hest- Lauresund 16
5. Full Name of Mother, hus marie horrow
6. Mother's Maiden Name, Marie M. Intale
7. Mother's Birthplace, South Coty
8. Full Name of Father,
9. Father's Occupation, Such seeman 16 12 17.
Name of Medical Attendant, or other person who makes this Return,
Address, # 1/267
Remarks, # 16287. Colors St
Levely

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	in the commission of the commi
	SECTION 7.—And be if firther enacted and coloning that every person practicing indestiny in the city of registroner and swhole charge or supering therefore and all becellule take place, shall keep it in the city of fleshing to be formished by the current and shall enter the same of an all because the formished by the current because the state of the birth with solicabile, to be framished by the current because the same can be ascertained in the order this or her curre disposed because that he was all stated by the current shall be a confident of the control of the current shall be a confident of the properties and the current shall be a confident of the current of the current shall be control to the office of the confidence in the form, the current to first and the attendance of a physician or practitioner of midwicalt. In case the birth of any child attendance upon the moditar immediately thereafter it shall become the difference of such any carrier of a physician or practitioner of midwicalts.
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RETURN OF A BIRTH L 100496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (10-2100 Acond
1. Sex, (state whether male or female) Make
2. Race or Color, (if not of the white race) Loutous
3. Date of Birth, Quite, 21. 1898
4. Place of Birth, (Street and Number) Montgomere 8/08
5. Full Name of Mother, Lucy Horris
6. Mother's Maiden Name, Lucy Jarvie
7. Mother's Birthplace, Co Cestifich (Caraid)
8. Full Name of Father, Glorie Morris
9. Father's Occupation, Driving
10. Father's Birthplace, North Sanston booth.
Name of Medical Attendant, or other person who makes this Return,
Address,
Remarks,

WM. J. Q. DULANY & OG , CITY PRINTERS AND STATIO

RETURN OF A BIRTH. 100497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

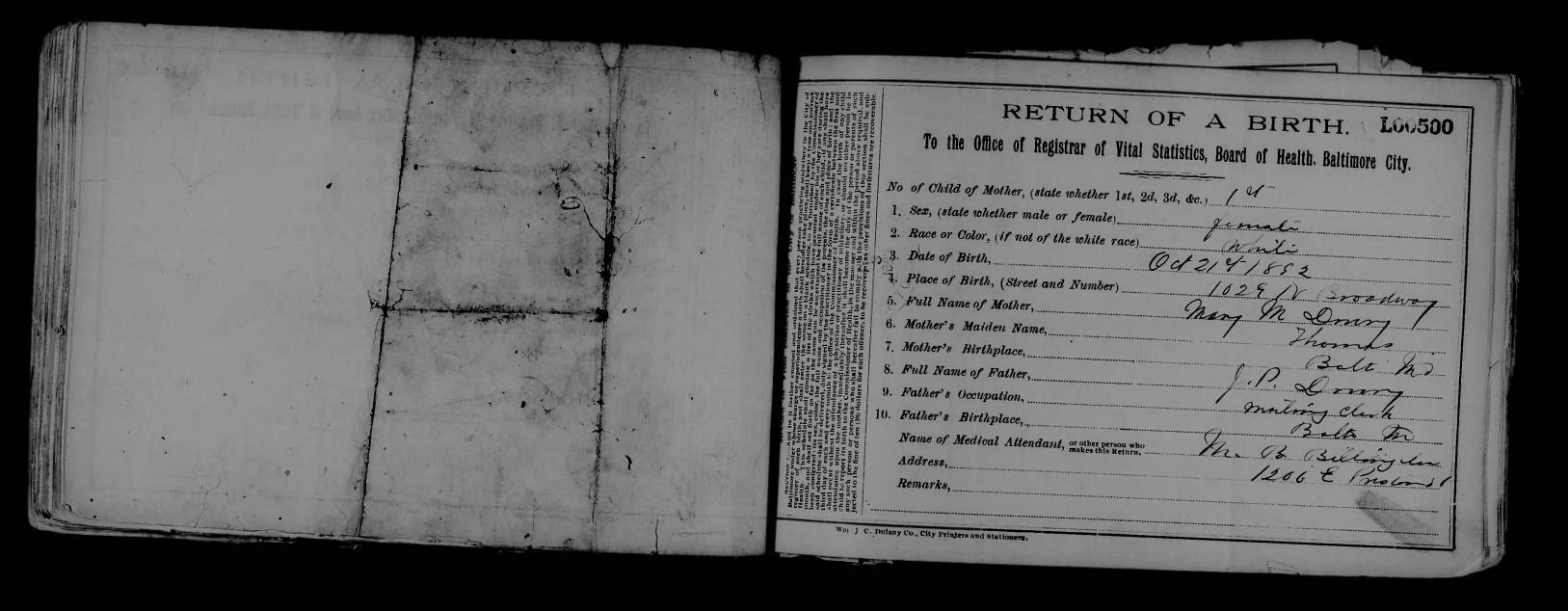
1. Sex, (state whether male or female)	Je,
2. Race or Color, (if not of the white race)	Th.
3. Date of Birth,	1214 Me Eldonno
4. Place of Birth, (Street and Number)	Oet. 10 3/862
5. Full Name of Mother,	Jannie Per
6. Mother's Maiden Name,	Kinnear
7. Mother's Birthplace,	Bultimon
8. Full Name of Father,	Sesso Per
9. Father's Occupation	Clock,
0. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	H. J. Remardel Jan
Address,	2004 St. Bull
Remarks,	Jan Jan L

RETURN OF A BIRTH. L00498 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d &c.) Second. 1. Sex, (state whether male or female)..... 2. Race or Color, (if not of the white race). 3. Date of Birth, Oct. 3 1892. 4. Place of Birth, (Street and Number) 9 05- n. Charles St. 5. Full Name of Mother, Latitia Kelly. 6. Mother's Maiden Name, Lastitia Brellow 7. Mother's Birthplace,.... Stettin, Germany 8. Full Name of Father, Howard a. Kelly 9. Father's Occupation, Physician 10. Father's Birthplace,... Name of Medical Attendant, or other person who Howard A. Kelly Address. Remarks.

RETURN OF A BIRTH. ALCO499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. 1, 53	Sex, (state whether male or female)
4.	Race or Color, (if not of the white race) White
3.	Date of Birth, October 1111
- T.	1 wee of Birth, (Street and Number)
5.	Full Name of Mother, Lunarah Minnich
6.	Mother's Maiden Name, Lisanch Links
7.	Mother's Birthplace, Baltimore
8.	Full Name of Father, Thosogy Minnick
9.	Father's Occupation, Musician
10.	Father's Birthplace, / Baltanian
	Name of Medical Attendant, or other person who makes this Return, Sereah Rulling
	Address, 1810 Vincent are
	Remarks,



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RETURN OF A BIRTH. Lou501

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

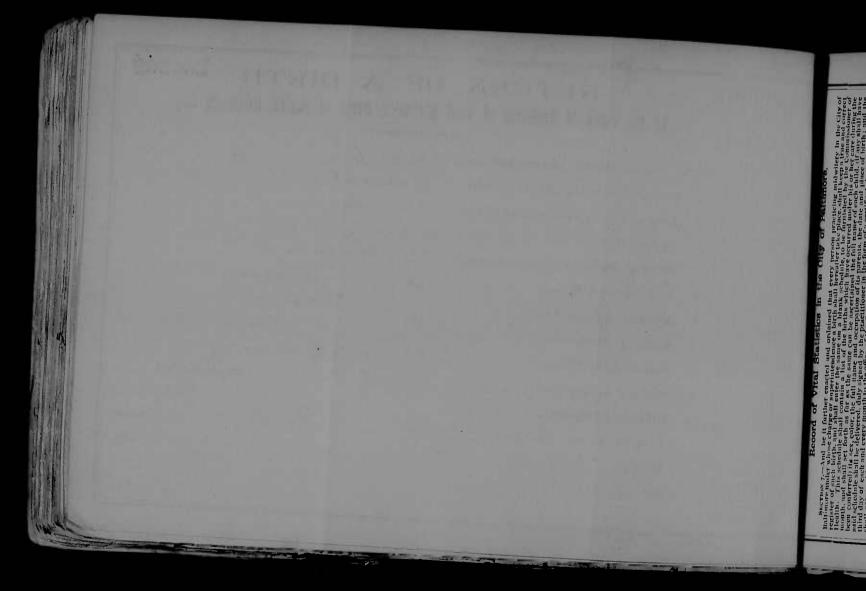
1.	Sex, (state whether male or female)	C. 11. d
2.	Race or Color, (if not of the white race)	all'i-
3.	Date of Birth,	01101
4	Place of Birth, (Street and Number)	1301 16.00
[/5;	Full Name of Mother,	47 Col
6.	Mother's Maiden Name,	
7.	Mother's Birthplace,	Wilson
8.	Full Name of Father, Father's Occupation.	fill Hargon Co h
9.	Father's Occupation,	Jefferson Groon
10.	Father's Birthplace,	black sin's
i	Name of Medical Attendant, or other person who makes this Return,	Mayor Ch
1	Address,	m 13 13 lling 1
1	Remarks,	1206 8. Proton st

RETURN OF A BIRTH. L00502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1. Sex, (state whether male or female)... Jemel 2. Race or Color, (if not of the white race) while-3. Date of Birth, Oct 14 Ch 1882 4, Place of Birth, (Street and Number) 1808 ais guilh st? alice B Chesny 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace,..... Belts In 8. Full Name of Father, 9. Father's Occupation, Carporalis 13 ato m 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address, Remarks, ...

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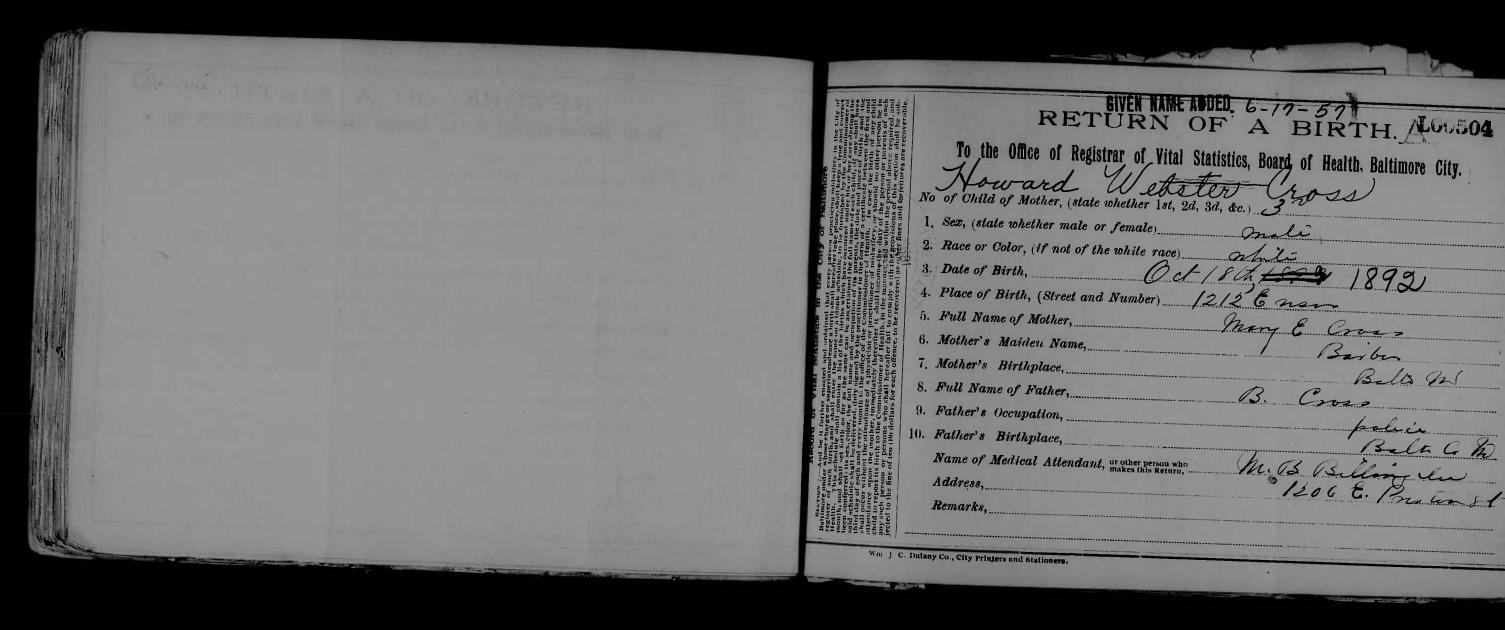


To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Durale

1.	. Sex, (state whether male or female)	ternala
2.	Race or Color, (if not of the white race)	ahit:
3.	Date of Birth,	Oct 13 H 1893
4.	Place of Birth, (Street and Number)	10/8 9 20 + 0
5	Full Name of Mother,	Many Dwall
6.	Mother's Maiden Name,	L'eist.
7.	Mother's Birthplace,	P - 10 C Q c
8.	Full Name of Father,	Ch. 7 8 2 - 10
9.	Father's Occupation,	d
10.	Father's Birthplace,	Ballo. Por
	Name of Medical Attendant, or other person who makes this Return,	The B Billing link
	Remarks,	1206 E. Prosind

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RETURN OF A BIRTH. A LOUSOS To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th 1. Sex, (state whether male or female)... 2. Race or Color, (if not of the white race)..... Oct 2320/852 3. Date of Birth, 4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father,... 9. Father's Occupation, clark 10. Father's Birthplace, Balto & Mr. 03. Billing la 1206 E. Procon U Name of Medical Attendant, or other person who makes this Return, ... Address, Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. LO. 506
To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.
Franklin Osher Genkins
No of Child of Mother, (state whether 1st, 20, 3d, &c.) & 4 Ch
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 10 th 1898
4. Place of Birth, (Street and Number)
1) Hull Name of Mother,
The state of the s
The state of the s
8. Full Name of Father,
8. Full Name of Father, 9. Father's Occupation, 10. Father's Rightholmer 10. Father's Rightholmer
Name of Medical Attendant, or other person who makes this Return, Address, Address,
Truline of medical Atlendant, or other person who makes this Return,
Address, Remarks, Will Mark ABER 44-6-53
Wm J C. Dulany Co., City Printers and Stationers.
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RETURN OF A BIRTHA LOUSO? To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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	Pate of Birth,	
5	4. Place of Birth, (Street and Number) about host 814	••••
	5. Full Name of Mother, Slagare Cent	•
	6. Mother's Maiden Name,	
	7. Mother's Birthplace, Bohnen	
	8. Full Name of Father, 9. Futher's Organization	
	9. Father's Occupation	
1	0. Father's Birthplace,	
	Name of Medical Attendant, or other person who makes this Return,	
	Address, Marie Parte	
	Remarks, 2 Plond of 838	,

RETURN OF A BIRTH. LO. 508 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	101
1. Sex, (state whether male or female)	1 Jh
2. Ruce or Color (if not set)	R
2. Race or Color, (if not of the white race)	rile-
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(Dellet and Nambou)	1
6. Mother's Maiden Name	ratt dh
6. Mother's Maiden Name	Ri
6. Mother's Maiden Name, a Baltist	
Direction of Direction	
That Name of Father,	1-12-
9. Father's Occupation, Melvehant	Ki
Name of Mar.	a.
Name of Medical Attendant, or other person who Makes this Return. Address, 172 Canal	Bol. 418
Address, 172 Carlore Remarks.	and the state of t
Remarks,	w
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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To	the	Office of	f Registrar	of Vital	Statistics	, Board	BIRT of Health,	Baltimore	City.

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RETURN OF A BIRTH LOOS11 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1. Sex, (state whether male or female)..... - Lemais 2. Race or Color, (if not of the white race)...... While -3. Date of Birth, Nov. 12.192 4. Place of Birth. (Street and Number) 14. 7. West ch 5. Full Name of Mother, Swah Shry-6. Mother's Maiden Name,.... 7. Mother's Birthplace,..... 8. Full Name of Father, Solomon Sherry. 9. Father's Occupation, Sint I's year 10. Father's Birthplace, Sland Name of Medical Attendant, or other person who Tos J Whiter My Address, 1721. Caulou uv. Remarks, GIVEN NAME APPER 10/3/56

RETURN OF A BIRTH. L00512 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sol 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) while 3. Date of Birth, Reenber 12, 1992
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RETURN OF A BIRTH. ALOUSIS

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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1	. Sex, (state whether male or female)
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3.	Date of Birth, 28 Th Nov 1899
4.	Place of Birth, (Street and Number) 7,14 Dungan
5.	Full Name of Mother, Babaria Humphan
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5. Full Name of Mother, May
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4. Place of Birth, (Street and Number) 723 Ramany 21
". Putt Name of Mother,
6. Mother's Maiden Name, " Paken au
8. Full Name of Father, gacol Filiped.
9. Father's Generation
10. Father's Birthplace,
Name of Medical Attendant, or other person who Address
Address, Sandowilah
Remarks,

RETURN OF A BIRTH. LO0533 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race).... 3. Date of Birth, 4. Place of Birth, (Street and Number)... 5. Full Name of Mother, 6. Mother's Maiden Name, ... 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address Remarks, Wm. J C. Dulany Co., City Printers and Stationers.

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0	the	Office	of	Registrar	of	Vital	Statist	ics; Boa	rd of	Health,	H. L.C. Baltimore	City,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Wind.
1. Sex, (state whether mule or female)
2. Race or Color, (if not of the white race) Voy's
3. Date of Birth,
1. I tuce of Birth, (Street and Number)
5. Full Name of Mother, Surfacio Ratejrok
6. Mother's Maiden Name, Dulonia Matejout
. Mother's Birthplace,
The state of the s
9. Father's Occupation arbail
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Name of Medical Attendant, or other person who makes this Return,
1007688
Remarks, P B. Carie Sell
Ale Sone sta 839

Wm. J. C. Dulany Co., City Printers and Stationers.

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unter whose of drither snacted and ordered that every person practicus individery in the standard burth, and so is superintendence abirth set hereafter take place, shall ideal or the standard so is the set of the same on blank as hereafter take place, shall ideal or the standard that a list of the britis which have, to be furnished by the Annessed faired has a standard the fair under the order take the standard that is of the corners of the standard the fair shall be delivered, the fail is same can be ascertained the fair under each fair of her current shall be delivered, the fail is of the fair of the fair of the fair of the standard to the commissioner of Hold and the standard to the commissioner of hold carefidered the the could be britted to the Commissioner of midwife and place of birth of a person to the Commissioner of Holds and with the person or pureus the fine of ten (19) dollars for each offence, to be recovered as other faces and fortunes are recovered as other faces and fortunes are recovered.

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RETURN	OF	A	BIRTH LO0535			
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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
Sex, (state whether male or female)
2. Rave or Color, (if not of the white race)
3. Date of Birth, Nov 21 th
4. Place of Birth, (Street and Number) 629 Whith
5. Full Name of Mother, Pasquel & Sold
6. Mother's Maiden Name,
7. Mother's Birthplace, Sind Holle Off
1 8. Will Name of Failor
9. Father's Occupation
10. Father's Birthplace,
Name of Medical Attendant, or other person who Address Address
Address,
Remarks,

RETURN OF A BIRTH. L00536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

-	Sex, (state whether male or female) Mall
2.	Race or Color, (if not of the white race)
3.	Date of Birth, AOV. 30, 1899
4.	Place of Birth, (Street and Number) 1026 Coal ford 27
5.	Full Name of Mother, Mary Enasy
6.	Mother's Maiden Name, Morton
7.	Mother's Birthplace, Rise, Porge, Co. Na
8.	Full Name of Father, Jourses Gray
9.	Father's Occupation Wanter
0.	Futher's Birthplace, Rings, George, Erwa
	Name of Medical Attendant, or other person who Mary to One
	Address
	Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RECEIPTED OF A TRIESTED LANGUE.

RETURN OF A BIRTH. L00537 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child 1. Sex, (state whether male or female) //Orale 2. Rade or Color, (if not of the white race).... 3. Date of Birth, 30 the Mov. 1. Place of Birth, (Street and Nymber) 692 Columbia 5. Full Name of Mother, India

6. Mother's Maiden Name, Lydia Stokenbach

7. Mother's Birthplace,..... 8. Full Name of Father, John Quant Schmidt 9. Father's Occupation

10. Father's Birthplace, Schnensfury Jennes Name of Medical Attendant, or other person who makes this Return,...

Address Remarks. ..

SECOND LITTER A. FILL MALE PERSON

RETURN OF A BIRTH. 200539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

nd forfe	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
frues a	, south whether male or female)
other	Race or Color, (if not of the white race)
が	2 30 NO
1/2	Betth, (Street and Number)
	" Hatt Name of Mother, Marie Ril
	6. Mother's Maiden Name, Marie There
1	1. Mother's Birthplace,
	" Patt Name of Father, Lavel (8:11)
	9. Father's Occupation arbaja
	10. Futher's Birthplace, Osserajoh
	Name of Medical Attendant, or other person who makes this Return,
	Address, Marie Well
	Remarks, Bond of 838

wm. J. C. Dulany Co., City Printers and Stationers.

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Ti Tiene			
RETURN	OF	A	BIRTHA LOO538
			TILL I IT TOOOG

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)	(Mullist)
2. Race or Color, (if not of the white race)	White
3. Date of Birth, Oflot 3	Oto
4. Place of Birth, (Street and Number) Wort	
5. Full Name of Mother, Manager 6. Mother's Maiden Name,	G. Glierhoff
7. Mother's Birthplace, Solti	mal Emmiriek
8. Full Name of Father, J. Freck	Atien Janes
9. Father's Occupation Jeffel	mala
10. Father's Birthplace, Richeswill	Baltimore 80
Name of Medical Attendant, or other person who makes this Return,	Mrs Barrye
Address,	7116ms 300
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

KROOM SHIRIE A MO KWITER

RETURN OF A BIRTH. 100539 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
State whether male or female).
Have or Color, (if not of the white race)
2 30 NO
Street and Number) Alexanos at 1514
y. Patt Name of Mother,
o. Mother's Maiden Name, Marie,
The complete,
o. Full Name of Father, Lavel Sill
9. Father's Occupation
10. Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return,
Address, Marie Well
Remarks, B. B. Dinge yell
6 h L L T L L L L L L L L L L L L L L L L
C. Dulany Co., City Printers and Co.

wm. J. C. Dulany Co., City Printers and Stationers.

TO THE Office of Registers of Visit Statistics, Road of Madible Belances of the

RETURN OF A BIRTH. L00540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

200	No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the	10 H H 10
isions nes as	1. Sex, (state whether male or female) male	
e proc	2. Race or Color, (if not of the white race) White	
d as o	3. Date of Birth, 26 December.	
overe	4. Place of Birth, (Street and Number) 3019 Concert.	
be re	5. Full Name of Mother, Rose Salivan	
ice, to	6. Mother's Maiden Name, Security	
h offer	7. Mother's Birthplace, // 2/a	
or eac	8. Full Name of Father, Tree Lulivan	
llars	9. Father's Occupation, Labelan	
(10) do	10. Father's Birthplace, Lewyerk	
or ten	Name of Medical Attendant, or other person who Mrs. & Meins	•••••
a mile	Address, 2524 Lamaster St	
	Remarks,	
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Wm J C. Duiany Co., City Printers and Stationers.

RETURN OF A BIRTH. 100541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

P. C. C.	N	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
sione nes a	1	. Sex, (state whether male or female)
Prov	1 2.	. Race or Color, (if not of the anti-
th the	/ 3.	Date of Birth, 180,9
Jy wi	4.	Place of Birth, (Street and Number)
comp be rec	.,	Putt Name of Mother, A Carry
ati to	6.	Mother's Maiden Name, Canfile and Lell
offer	1.	Mother's Hirthplace,
r cact	8.	Full Name of Father, Cartagia Maria
lars fe		2 winer & Georgianon Configuration
(i) doi	10.	Father's Birthplace, Langue
f ten (Name of Medical Attendant, or other person who Address
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Wm. J. C. Dulany Co., City Printers and Stationers.

To the Office of Regulator of Variation and a stability Salmone City.

In the Office of Regulator of Variations and at Stability Salmone City.

In the Comment of Variation of

RETURN OF A BIRTH. LOO542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To this	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
suoisi Pue si	. Sex, (state whether male or female). Male
and 2	. Race or Color, (if not of the white race) White
# 3	Date of Birth.
4.	Place of Birth, (Street and Number) Bolt
2.5	22000013
0.	Mother's Maiden Name, Mars Assail Couls
7.	Mother's Birthplace, the Alexander of th
ان ان	Full Name of Father, Man Thomas Ill 19
9.	Father's Occupation, Had carrier
10.	Father's Birthplace, Vieland
	Name of Medical Attendant, or other person who Mors Jas Kanagers Address, No 2016 E. Payette St. 13. Md.
	Address, No 2016 & Print (By M)
	Remarks, JA. 10 d.
d C 200 and	

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Address. Remarks. Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L00543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the 1. Sex. (state whether male or female) ferrale 3. Date of Birth, 3 Mars 4 Place of Birth, (Street and Number) 302 Chester St 5. Full Name of Mother, Marge Leffles

6. Mother's Maiden Name, See See 8. Full Name of Father, John Luffles 9. Father's Occupation, Labeln 10. Father's Birthplace, Balto Name of Medical Attendant, or other person who Mas G. Weiss 25-24 Lancaster St.

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RETURN OF A BIRTH 00544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number), 43/ Ortend Sy

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who Medical Attendant, or other person who Medical Attendant, or other person who Medical Attendant, or other person who

Address.

Remarks.

Non 4, 1892

Mary C. Bay line

Joseph Bayline Ellas Whover

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Publishing Co., City Printers and Stationers, Wm J C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. LOCAL To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1. Sex, (state whether male or female)..... 2. Race or Color, (if not of the white race)... 3. Date of Birth, Bu Nov- 6th 1899 4. Place of Birth, (Street and Number) 1313 Passash Allary 5. Full Name of Mother, Mara Olympia Johnson 6. Mother's Maiden Name, Masia Ford 7. Mother's Birthplace, ... 8. Full Name of Father, ... 9. Father's Occupation, .. 10. Father's Birthplace,.. Name of Medical Attendant, or other person who makes this Return, Address, 610 Marie Agran Remarks, Wm J C. Dulany Co., City Printers and Stationers

7		
RETURN OF	A BIRTH.	L0054

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex, (state whether male or female) Tichiale.
	Race or Color, (if not of the white race)
3.	Date of Birth, November 1, 1892
	Place of Birth, (Street and Number) 20.32 6 tung.
5. 1	Full Name of Mother, Souro, Sotawhine,
	Mother's Maiden Name, Langa S. Rolferto.
	Tother's Birthplace, A Baltimore.
8. <i>F</i>	Full Name of Father, James, C. Holles
9. F	Pather's Occupation, Bay- Jender.
). <i>F</i>	ather's Birthplace, Baltimove.
N	Tame of Medical Attendant, or other person who makes this Return,
	adress, Sorah Det 2 22 0 6 Etting
R	emarks,

Wm J C. Dulany Co., City Printers and Stationers.

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She con a see	7. Mother's Birthplace, Ballo 8. Full Name of Father, Um & Ihaus
Shall	9. Father's Occupation, Brewer 0. Father's Birthplace, Bacto
mder whose such birth his schedul shall be to shall be feed and without the upon the more tratis birth four or per	Name of Medical Attendant, or other person who Address
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WM. J. C. DULANY &	CO, GITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH. / L00548 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).... 1. Sex, (state whether male or female)... 2. Race or Color, (if not of the white race) ... 3. Date of Birth, mm. 8H . 1892 4. Place of Birth, (Street and Number)... 236 CV. Hoffman St 5. Full Name of Mother, alie mathers. alici Sanders, 6. Mother's Maiden Name,... 7. Mother's Birthplace,.... Baltimore md. 8. Full Name of Father, Thas D. mathews. Real Estate agent.
Baltonne md 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who Wilmer Brintry m.A. Address, Remarks.

Address, Remarks,

RETURN OF A BIRTH L00549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the 1. Sex, (state whether male or female) female 2 Race or Color, (if not of the white race) White 3 Date of Birth, & Sec. C. 4. Place of Birth, (Street and Number) 622 Post alle 5. Full Name of Mother, Getrue Backer 6. Mother's Maiden Name, Milles 7. Mother's Birthplace, Ressens D. Germ. 8. Full Name of Father, Coma Backer 9. Father's Occupation, Labelsa 10. Father's Birthplace. Bessen. D. Gesme Name of Medical Attendant, or other person who Mas & Weise 2524 Lancaster B

Wm J C. Dniany Co., City Printers and Stationers.

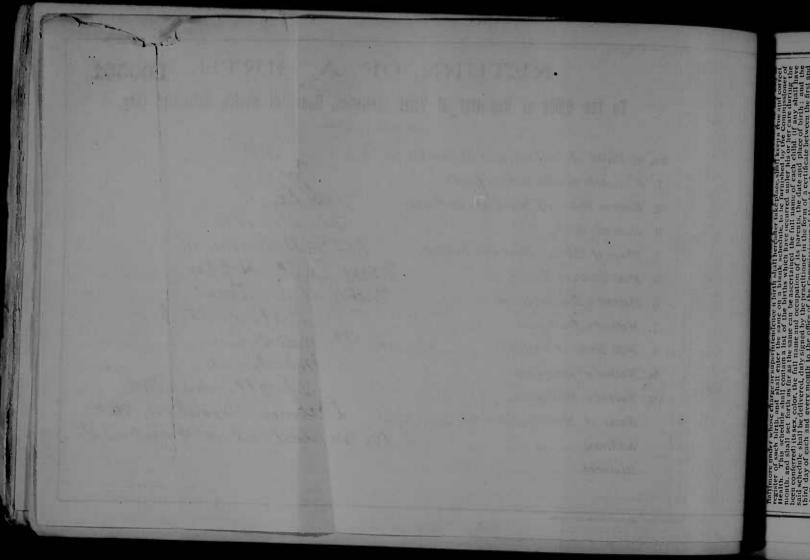
RETURN OF A BIRTH AL00550 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).... 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race) B. Date of Birth, 4. Place of Birth, (Street and Number).... 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace,..... Marlonsourg IV Va 8. Full Name of Father,..... 9. Father's Occupation 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address,.... Remarks, Wm. J C. Dulany Co., City Printers and Statiouers. 26 A

No. of Child of Mother, (state whether 1st 2d

RETURN OF A BIRTH. L00551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) white
3. Date of Birth, 70r. 9/4.1892
4. Place of Birth, (Street and Number) 1329 Hill
5, Full Name of Mother, Maly A. C. Mohlen
- 6. Mother's Maiden Name, Many a. C. Bnew
7. Mother's Birthplace, Portamout Va
8. Full Name of Father, Momas Hophen
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimone ma
Name of Medical Attendant, or other person who
D. W. Gar Galvert & Prest (A
Remarks,



RETURN OF A BIRTH. L00552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	ate whether male or female		h. 2	
	Color, (if not of the whi		hita	***************************************
	Birth,		10th . 1892	
4. Place of	f Birth, (Street and Num	ber) 10 3	o Valley St.	
5 Full No	ame of Mother,		Wand	
6. Mother'	s Maiden Name,		Smith.	
7. Mother'	8 Birthplace,		el. mel	
8. Full No	ame of Father,	Michael		
9. Father	s Occupation,		Keeker	•••••••••
0. Father	s Birthplace,		new-York	
Name of	f Medical Attendant, or ott		mer Bon	iton mo
Address		<i>A</i> •	ent a Pronut	

WM. J. C. DULANY & OD , CITY PRINTERS AND STATIO

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inder win f such bit 7 his sche d shall se erred) its ule shall bit er upon the port its hir erson or je fine of te	Name of Medical Attendant, or other person who Party Frounds Address, 16/0 Vinter - Winder alley 16/0
Baltimore register o licalli, an month, an been conf said sched third day shall occu attendance child to re-	Remarks,
Wm J C.	Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 100554 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).... 1. Sex, (state whether male or female)..... 2. Race or Color, (if not of the white race).... Date of Birth, [5] Full Name of Mother, Minnie Kempky 6. Mother's Maiden Name,..... 7. Mother's Birthplace,.... Ballimore 8. Full Name of Father, 9. Father's Occupation ... 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return,... Address,.... Remarks,

RETURN OF A BIRTH. 100555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Cre.	Sex, (state whether male or female)
1	Race or Color, (if not of the white race)
2 3	Date of Birth,
4	Race or Color, (if not of the white race) Date of Birth, Place of Birth, (Street and Number) Full Name of Mother.
5.	Full Name of Mother,
6.	Mother's Maiden Name, Marie Dege 2
7.	Mother's Birthplace,
8.	Mother's Birthplace, Full Name of Father, Carrier Control Control
9.	Father's Occupation Land Coulter
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who A B. sackey
	Address, Son
	Remarks, Jain Meft

RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health, Balt
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Illustrations of the internal property
7. Mother's Birthplace, Hamiltonian States 8. Full Name of Father,
9. Father's Occupation, State Sta
Name of Medical Attendant, or other person who of the state of the sta
Win J C. Dulany Co., City Printers and Stationers.

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imore City.

ZVO	of United of Mother, (state whether 1st, 2d, 3d, &c.)
CG.	Sex, (state whether male or female)
2	Race or Color, (if not of the white race) White
₹3.	Date of Birth, 13 Mes,
.4	Place of Birth, (Street and Number) 1200 Canton &
5.	Full Name of Mother, Taguste Riedermilles
6.	Mother's Maiden Name, single,
7.	Mother's Birthplace, Hammerer
	Full Name of Father,
9.	Father's Occupation,
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who Mes G. Weiss
	Address, 25-24 Lamaster 86.
	Remarks,

RETURN OF A BIRTHA LO0557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the
3	Sex, (state whether male or female) Lemale
	Race or Color, (if not of the white race) White
-/3:	Pate of Birth, 14 Mos
4.	Place of Birth, (Street and Number) 6 98 Doct allee
5.	Full Name of Mother, Elevance Commes
	Mother's Maiden Name, = Bolak
7.	Mother's Birthplace, Balla
8.	Full Name of Father, Hesman James
	Father's Occupation, Labeln
10.	Father's Birthplace, Balta
	Name of Medical Attendant, or other person who Mrs G. Wess.
	Address, 25-24 Laneaster St.
	Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 00558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 11.

1. Sex, (state whether male or female) formula

2. Race or Color, (if not of the vohite race) 11.11.

3. Date of Birth, 11. Item

4. Place of Birth, (Street and Number) 2309 formula

5. Full Name of Mother, Bestha Bedee

6. Mother's Maiden Name, Siehle

7. Mother's Birthplace, Enlarge Getha

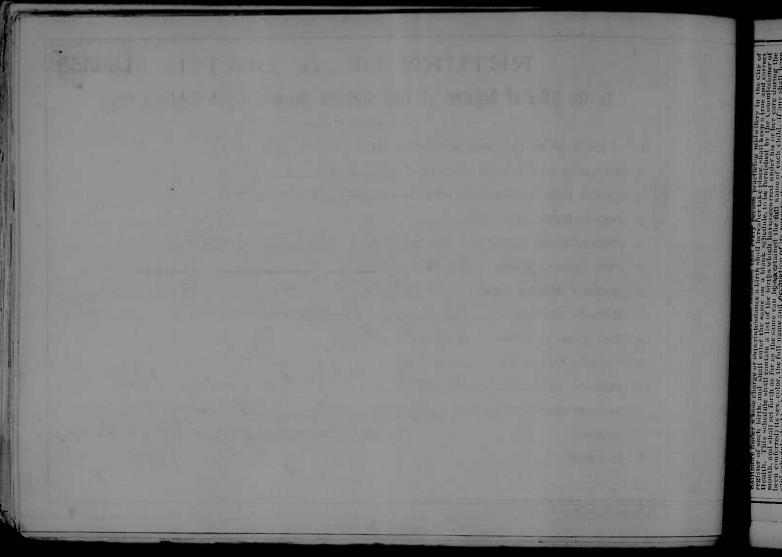
8. Full Name of Father, Thisist Bede

9. Father's Occupation, Lebeln

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who
Name of Medical Attendant, or other person who
Name of Medical Attendant, or other person who
Remarks,

Win J C. Dulany Co., City Printers and Stationers.



RETURN OF A BIRTH AL00559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2 2,0.	of child of mother, (state whether 1st, 2d, 3d, &c.) June
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth,
4.	Place of Birth, (Street and Number) 2 20 16 Sayesta St. Correct
5.	Full Name of Mother, Bentha Betha The
6.	Mother's Maiden Name,
7.	Mother's Birthplace, Baltimore City Mis
8.	Full Name of Father, Takes
9.	Father's Occupation,
10.	Father's Birthplace, Rich money
-	Name of Medical Attendant, or other person who Mars R. B. Bush
	Address, 2/20 H. Lagette stanned
	Remarks, Oberry delicates
ILANY & CO. C	TV PRINTERS AND STATIONERS

RETURN OF A BIRTH. AL00560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Merchen
2. Race or Color, (if not of the white race)
3. Date of Birth, Bolow Simbr
4. Place of Birth, (Street and Number) & Bond str 506
5. Full Name of Mother, Marie Thowern the
6. Mother's Maiden Name, Marie Masek
7. Mother's Birthplace, Poleraich
8. Full Name of Father, Vincence haver sky
9. Father's Occupation surfaits
10. Father's Birthplace, Joseph
Name of Medical Attendant, or other person who makes this Return,
Address, Obanie
Remarks, & Bond sh. 838

Vin., J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH LO0561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sources
4. Place of Birth, (Street and Number).
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation Black Smill
10. Father's Birthplace,
Name of Medical Attendant, or other person who sakes this Return,
Address, System 18 18 18 18 18 18 18 18 18 18 18 18 18
Remarks, Dairy Hebl

Wm. J. C. Dulany Co., City Printers and Stationers.

PRETING OF SCHIEFFILE, BUSH To the Office of Regulary of Vital Statistics Hours of Realth, Saltimore Vita.

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practice of uncertaint of unce	1. Sex, (state whether male or female)
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and	4. Place of Birth, (Street and Number)
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set for set fo	Name of Medical Attendant, or other person who have this Return, A 18 200 123
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wm. J. C. D	Oulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L00563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) & the	
1. Sex, (state whether male or female) Lexiale	
2. Race or Color, (if not of the white race) White	
3. Date of Birth, 79 Store.	
4. Place of Birth, (Street and Number) 980 Besse St.	
5. Full Name of Mother, Eathe Blank	•
3. Mother's Maiden Name, Muller	
. Mother's Birthplace, Barasca	
B. Full Name of Father, Georg Blank	
. Father's Occupation, labeln	
. Father's Birthplace, Basaria	
Name of Medical Attendant, or other person who Mrs G. Weiss	
Address, 2524 Lancastes Gt.	
Remarks,	

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L L00564 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race).... 3. Date of Birth, 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace,..... 8. Full Name of Father, 9. Father's Occupation 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address,..... Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

TO THE Office of Restaur of Viri Statistics, Board of Hought, Baltimore City.

RETURN OF A BIRTH L00565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
2.	. Race or Color. (if not of the white race)	••
3.	Date of Birth, 20 Paper les 18 93	
_0	Place of Birth, (Street and Number) 5/1 Caleann	*****
	Full Name of Mother, Laseh him Blook	*****
6.	Mother's Maiden Name, Lasehhing Land	
7.	Mother's Birthplace, Ballo Ballo	
8.	Full Name of Father,	
9.	Father's Occupation Lin Builder	•••••
10.	Father's Birthplace, State Incl	
	Name of Medical Attendant, or other person who has this Return, A January	
	Address, 1838 2/16 114	
	Remarks, Dans	

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L00566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	ex, (state whether male or female).
2. I	face or Color, (if not of the white race)
3. I	Pate of Birth, 20 August 150
4. P	Place of Birth, (Street and Number)
5. F	full Name of Mother, Quince 6 Devese
6. M	other's Maiden Name, Child
7. M	other's Birthplace,
8. F	ull Name of Father,
9. F	ather's Occupation
10. F	other's Birthplace, Balta Ca had
N	ame of Medical Attendant, or other person who hakes this Return,
Ae	idress, 538 Linit
	marks, Daing Hell
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RETURN OF A BIRTH AL00567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

92	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
	Date of Birth,
4.	Place of Birth, (Street and Number) 2011 Hanging
5.	Full Name of Mother, Louisa Jane L
6	Mother's Maiden Name,
7	Mother's Birthplace,
8	Full Name of Father,
9. 4	Father's Occupation Laborer
10. 1	Varne of Wall 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I	Vame of Medical Attendant, or other person who ABrach
	Address, 1833 July 11
A	Bemarks, Din Holl
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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTHALOO568

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female). 2. Race or Color, (if not of the white race) White Nov 20 1892 3. Date of Birth. 509 Journed ch 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name. Many Break Bullin 7. Mother's Birthplace. 8. Full Name of Father, The Gelichy Restaurant 9. Father's Occupation, 10. Father's Birthplace, Pallings Name of Medical Attendant, or other Person who Branch Address. Remarks.

DULANY & CO. CITY PRINTERS AND STATIO

RETURN OF A BIRTH. AL00569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and a state of mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	
2. Race or Color, (if not of the white page)	•
3. Date of Birth, 92 Non 1899	
4. Place of Birth, (Street and Number) 2120 Michael	#
5. Full Name of Mother, Soule Charles	<i>J.</i> V
6. Mother's Maiden Name,	
7. Mother's Birthplace, S. C.	
8. Full Name of Father, Onle	***************************************
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who	
Address, 805 Washington	
Remarks,	
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RETURN OF A BIRTH. LOG	570
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To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

state whether 1st, 2a, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the pohite race)
3. Date of Birth, 92 th Jour 1899
4. Place of Birth, (Street and Number) 1727 Alisecu a St
5. Full Name of Mother, Fracis Soular hues
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohe i'm
8. Full Name of Father, The Society of
9. Father's Occupation, Courseste
10. Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return,
Address, 205 N Washington St
Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L00571 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1. Sex, (state whether male or female) It walf Child 2. Race or Color, (if not of the white race) 3. Date of Birth, Art 2 - 9 9 4. Place of Birth, (Street and Number) Bellianant city 16 25 5. Full Name of Mother, manage & Misself 20 6. Mother's Maiden Name, 2000 7. Mother's Birthplace, Dalla Comments of the State of th 8. Full Name of Father, The Type Actions 9. Father's Occupation, Hard carily 10. Father's Birthplace, Blacks burg winding Name of Medical Attendant, or other person who makes this Relurn, African Action Address, 1605 of mit of pastingers aty office Remarks. Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L00572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

140. b) Chita of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 200. 22 nd/892
4. Place of Birth, (Street and Number) # 427
5. Full Name of Mother, Annie Hanne
6. Mother's Maiden Name,
7. Mother's Birthplace, South - Cetter
8. Full Name of Father, Im The There to
9. Father's Occupation, Conductor 2 13
10. Father's Birthplace, Balle-Geti, Ind-
Name of Medical Attendant, or other person who Many Line States
Address, #1628 %. Coloret St
Remarks,
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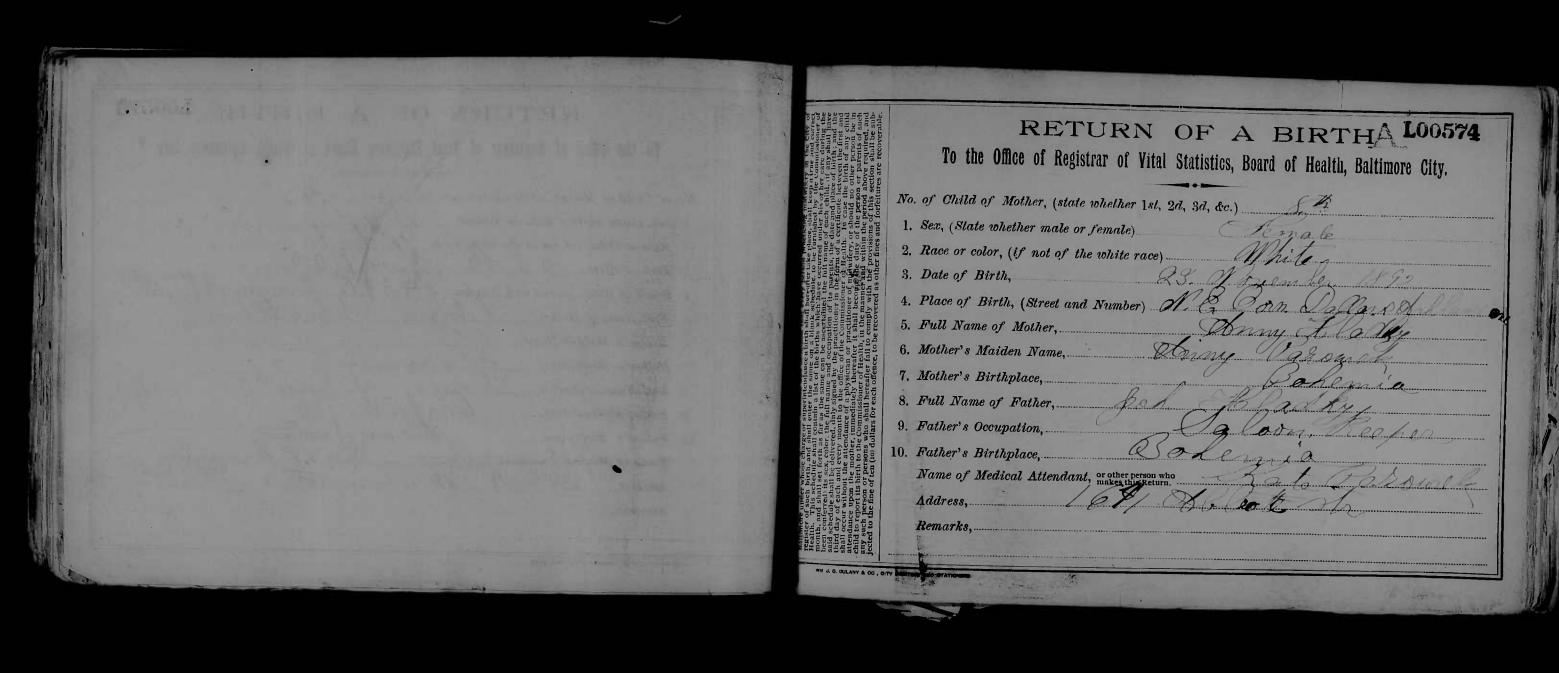
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RETURN OF A BIRTH LO0573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
	Race or Color, (if not of the white race)
	Date of Birth, 2's the None 1802.
	Place of Birth, (Street and Number) 24.316 Mountain
	Full Name of Mother, Lery a Schwitt
6.	Mother's Maiden Name,
7.	Mother's Birthplace, Se ay may
3.	Full Name of Father, Land
).	Father's Occupation, Cashanter
).	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return,
	Address, 205 N Washing ton
	Remarks,

Wm J C. Dulany Co., City Printers and Stationers.



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RETURN OF A BIRTH LO0575

A	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1	. Sex, (state whether mule or female)
2	Race or Color, (if not of the white race) Why
1 0,	Date of Birth,
	Total of Birth, (Street and Number)
0.	Full Name of Mother,
	The smaraen Name, will cet it is do
	The compact of the co
c.	Full Name of Father, OBerry Loved Or della
	Lolaik MI +
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return,
	Address, 85% Electronica +
	Remarks, SE Element che

RETURN OF A BIRTH. AL00576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Kindr	
Sex, (state whether mule or female)	***************************************
2. Race or Color, (if not of the white race) Voys	
3. Date of Birth, 23 November	
4. Place of Birth, (Street and Number) Languastes of 2604	
5. Full Name of Mother, Helene Will	***************************************
6. Mother's Maiden Name, Helene Frais	
7. Mother's Birthplace, Gallinge	·
8. Full Name of Father, Vilian Holl	
9. Father's Occupation Bas fack to No.	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who	***************************************
Address, Marie Is all	••••••
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTHA LOO577

No of Child of Mother, (state whether 1st, 2d, 3d, &c,).
1. Sex, (state whether male or female)
2. Race or Color, (if not of the polite race)
3. Date of Birth, 24 M (Vora 189)
4. Place of Birth, (Street and Number) 233 Monning (1)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace, lever co
8. Full Name of Father, John Colars
9. Father's Occupation, Centre of
10. Father's Birthplace,
Name of Medical Attendant, or other person who
Address, 205 Mis Return 11/1/21/19
Remarks,
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RETURN OF A BIRTH. L00578

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	n
(state whether male or female).	
not of the white man	
Birth, Waren land	
4. Place of Birth, (Street and Number) 1402 6	***********
5. Full Name of Mother, O. then	
6. Mother's Maiden Name,	***************************************
7. Mother's Birthplace, Russia	
8. Full Name of Father, Samuel 11	*
9. Father's Occupation Cedles	**************
10. Father's Birthplace, Rame of Main 1	
Name of Medical Attendant, or other person who makes this Return.	*************************
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Remarks,	***************************************
Dulany Co., City Polish	

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Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L00580 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &g 1. Sex, (state whether male or female)... 2. Race or Color, (if not of the white race). 3. Date of Birth, 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father,.... 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Peturn, ... Address, Remarks, Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L00581

1	Ser. (state sphether males)
	Sex, (state whether male or female) Truck
1	. Hace or Color, (if not of the white race)
/3	Date of Birth, Nov. 24/9~
	Place of Birth, (Street and Number) 730 Columbra an
5.	Full Name of Mother, Quine he
	Mother's Maiden Name, Cheeve Many
	Mother's Birthplace, Ballohn
8.	Full Name of Father, Thomas Bekee
9.	Father's Occupation, Father's Occupation,
10.	Father's Birthplace, Bullo him
	Name of Medical Attendant, or other person who makes this Return,
	Address, Grifvlina.
	Remarks,

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RETURN OF	A	RIPTIT	100500
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1. Sex. (state entitle)	
of the whether male or female	
3. Date of Birth Not of the white race) Vajo	
3. Date of Birth,	
4. Place of Birth, (Street and Number) Bond of Will	
5. Full Name of Mother, Lenie Benk	
. Mother's Maiden Name	
8. Full Name of Father, Lig Beck	
3. Father's Occupation	
10. Father's Birthplace, Balling C	***************************************
Name of Medical Attendant, or other person who makes this Return,	
Address, makes this Return,	
Remarks, I Bo Saile Greff	
- Jone 34. 938	

RETURN OF A BIRTH LOOST

RETURN OF A BIRTHA LO0583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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s of the	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
rision	(trace whether male or female)	ine
le pro	total, (" not of the white race)	
rith th	Date of Birth, Mare end	
Corer Corer	1) I tace of Birth, (Street and Number)	
	Full Name of Mother, Mr. Rache fally	37
9 9 1	1 9. Martier 8 Martien Name. Alex CHO.	
h offe	- cary	
for eac	8. Full Name of Father, Mr. Samue Hasling	
ollars	occupation, 103/	
(m) do	10. Father's Birthplace, -Philipe	
100	Name of Medical Attendant, or other person who makes this Return,	
	Remarks, Surah Let 1:	o 6 Edlinget

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).... 1. Sex, (state whether male or female)... maly. 2. Race or Color, (if not of the white race) White 3. Date of Birth, non 25th.1892 4. Place of Birth, (Street and Number) # 2418 Maryland and 5. Full Name of Mother,... leani Harrison 6. Mother's Maiden Name,... Came Course 7. Mother's Birthplace,... Battimme . md 8. Full Name of Father, Jrs. E. Harrison 9. Father's Occupation,... DEcorator 10. Father's Birthplace, ... # Commechicut Name of Medical Attendant, or other person who makes his Return. SW. Go. Calrest - Preston Str. Address. Remarks,

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rther see or shall cont i che fi the	9. Father's Occupation, lesly, P. R. R. lean lever ductor
e it fin shall sha	10. Futher's Birthplace,
And be whose whose birth, birth, set f is sex, all be the 1	Name of Medical Attendant, or other person who Wilmer Brinton M. D.
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Name of Father, Johns of Rouge Name of Father, Johns of Rouge wer's Cocupation Take grapher wer's Birthpluce, Middlebury War wont of Medical Attendant, or other person who Mari Warden ess, SS Sommer Characterist Characterist.			her's Maiden Name, Frances Collans
Name of Father, Johnson House was the strong of Medical Attendant, or other person who Mars Wooden care, ses,			per's Birthplace, Baltinore County
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	RETURN OF A BIRTH A LOOSS?
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	No of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	2. Race or Color, (if not of the white race)
	The Date of Birth, John Story
	4. Place of Birth, (Street and Number) 5. Full Name of Mother,
	Station of the state of the sta
	T. Mother's Birthplace, Lance of Father, John Synchol
	9. Father's Occupation, Configuration of the state of the
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	BIRTH.	L005/
	To the Office of Registrar of Ital Statistics of Health, Baltimore	
	Paradonia and Million	e ulty.
The state of the s	William William William William Wo. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
A STATE OF THE STA	Sex, (state whether male or female	****************
	Race or Color, (if not of the white race)	
	Les Tropes de la	99
The state of the s	4. Place of Birth, (Street and Number)	
	5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Pinth 1	
The San State of the State of t	7. Mother's Birthplace,	
5. 27 In some statement of the state of	8. Full Name of Father,	· · · · · · · · · · · · · · · · · · ·
A STATE OF THE PARTY OF THE PAR	9. Father's Occupation Lines	
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COLUMN TO THE PROPERTY OF THE PARTY OF THE P	Name of Medical Attendant, or other person who Add	
A STREET, CARPEN,	Address, 1528 1 4111 2 x	
	Remarks, Remarks, Dairy Male Company	
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the state of the s	9. Father's Occupation, But to the first of
of such the schedule shall sell sell sell sell sell sell sell s	Name of Medical Attendant, or other person who the quit Koh to Address, 206 White Person who the grant of the
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RETURN OF A BIRTH L00590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	
2. Race or Color, (if not of the white race)	
3. Date of Birth,	1 1 6 5
4. Place of Birth, (Street and Number) 620	1
5. Full Name of Mother, Alsa	1
6. Mother's Maiden Name, Alsa Blandon	
7. Mother's Birthplace, Ballern all Bil	
8. Full Name of Father, Cohoos &	
9. Father's Occupation,	=
10. Father's Birthplace, Baltinon Diff	
Name of Medical Attendant, or other person who of Off State	
Address,	
Remarks,	
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RETURN OF A BIRTH. L00591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d,	3d, &c,)
1. Sex, (state whether male or female)	Lemet
2. Race or Color, (if not of the white race)	while
3. Pate of Birth,	Nov. 217-192
Place of Birth, (Street and Number)	115 W. Embard
5. Full Name of Mother,	A. I
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Mosto Cardina
8. Full Name of Father,	alul warm
9. Father's Occupation	• (
10. Father's Birthplace,	\
Name of Medical Attendant, or other person who makes this Return,	W. Waland Frames
Address,	115 M. Somband.
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH LOO592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 24 32 Turus 1. Sex, (state whether male or female) Both Well 2. Race or Color, (if not of the white race)..... 3. Date of Birth, Nov 2 '92 4. Place of Birth, (Street and Number) 1921 Light Ch 5. Full Name of Mother, Mrs. Kate Heinkle 6. Mother's Maiden Name, " Chever 7. Mother's Birthplace,.... 8. Full Name of Father, www & Heckle Rlumber 9. Father's Occupation, 10. Father's Birthplace, Balto Und Name of Medical Attendant, or other person who Worthur Address,.... Remarks.

RETURN OF A BIRTH. Wm J C. Dulany Co., City Printers and Stationers.

L00593

1.1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
1 3.	Date of Birth, 16 Hayan for 1500
4.	Place of Birth, (Street and Number) 6/3 Gazzahl.
ð.	Full Name of Mother, Emilie hickory
0.	martier & martier Name, Landie & Asie claricke
1.	Mother's Birthplace,
0.	Hall Name of Father, Charles tredrich Vlance
٠.	L'action & Occupation,
10.	Father's Birthplace, Hillersdorf Germany of an
	makes this Return,
	Address,
	Remarks,

RETURN	OF	A	BIRTH.
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A L00594

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

1	1. Sex, (state whether male or female)	male
	n n	
3.	3. Date of Birth, No. 14	12/884
4.	A. Place of Birth, (Street and Number)	8 4 0 Coll 7 - C
5.	Full Name of Mother,	man B
6.	Molher's Maiden Name,	Hopkins
7.	. Mother's Birthplace,	
8.	. Full Name of Father,	Flord B. mjonia
9.	. Father's Decupation,	mishinist-
10.	. Father's Birthplace,	12 1. 7
	Name of Medical Attendant, or other person who Mc. Address,	B. B. S.
	Address,	1206 G. P. 12 SI
	Remarks,	

Wm J C. Dulany Co., City Printers and Stationers.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A L00595

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	. That of the white race)	and 1.
3.	Date of Birth,	Nav. 27 17 1892
A. 15 care	Street and Number)	144 1 0 - 01
5.	Full Name of Mother,	Carrie Conderson
6.	Mother's Maiden Name,	Mi l'al
7.	Mother's Birthplace,	Warfield
8.	Full Name of Father,	Bala C In
9.	Father's Occupation,	
10.	Father's Birthplace,	R. R. fly one
	Name of Medical Attendant, or other person who makes this Return,	On O Division
	Address,	Mil Solling la
	Remarks,	12066. (novement

RETURN OF A BIRTH. L00596 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. Wm J C. Dulany Co., City Printers and Stationers.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) male John Lacob Schales
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number) 1206 6. Lafe ett.
5. Full Name of Mother, Schafes
6. Mother's Maiden Name,
7. Mother's Birthplace, Washington
O. Cillib Namie of Buthon
9. Father's Occupation,
10. Father's Birthplace,
Address,
Remarks, full name of child added by lether
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To the vote of Register of With stephines Step at Berke fortguess for -

RETURN OF A BIRTH. \ L00597

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

1. Sex, (state whether male or female)	In de la companya del companya de la companya del companya de la c
2. Race or Color, (if not of the white race)	Poli-
3) Date of Birth,	No. 12-1889
4. Place of Birth, (Street and Number)	9258 14-11
5. Full Name of Mother,	Ch All
6. Mother's Maiden Name,	Thing of oragin
200000 6 Descriptace,	17 1- 1/2
8. Full Name of Father, 9. Father's Occupation	Ac a soil The
9. Father's Occupation,	1 les liozia
0. Father's Birthplace,	Elones ()
Name of Med.ival Attendant, or other person who Address.	M. B. B. C. To
Address,	1 de Silling les
Remarks,	1206 E. Parston I

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

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2	. Sex, (state whether male or female) Fernale Race or Color, (if not of the white race)
3	Date of Birth, Nevember 15 4. /98.
	Solver (Noted Will Ivilmher)
5.	Hull Name of Mother, Dray Stellmeier.
6.	Mother's Maiden Name, " (" Barrer
7.	Mother's Birthplace, Startemberg.
8.	Full Name of Father,
9.	Full Name of Father, Father's Occupation, Times
10.	Father's Birthplace, Sohingen
	Name of Medical Attendant, or other person who Drive Lindress.
	Address, Trough Communication of the Communication
130.	Remarks, No 116. S. Marros et

RETURN OF A BIRTH. L00599 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No of Child of Mother, (state Thether 1st, 2d, 3d, &c.) 4 & Child 1. Sex, (state whether male or female)... 2. Race or Color, (if not of the white race)... November 13 th /93. 3. Date of Birth, 4. Place of Birth, (Street and Number) 5. Full Name of Mother, ... 6. Mother's Maiden Name, .. 7. Mother's Birthplace, ... 8. Full Name of Father,..... 9. Father's Occupation, ... Fardener 10. Father's Birthplace,... Name of Medical Attendant, or other person who Address,

Address,

1065. Mensor of Wm J C. Dulany Co., City Printers and Stationers,

RETURN OF A BIRTH LO0600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) The male
2. Race or Color, (if not of the white race)
Time ate of Birth, Nov. 12th 197
7. Place of Birth, (Street and Number) 222 Adams on St
5. Full Name of Mother, Melli
6. Mother's Maiden Name, Schribes
7. Mother's Birthplace, Penticor Russ.
8. Full Name of Father, Moses Schules
9. Father's Occupation
10. Father's Birthplace, Parting Bussia
Name of Medical Attendant, or other person who Gassline Soft
Address, 207 S. High &t.
Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.A LOOGOT

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. o	f Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. 8	ex, (state whether male or female). Finale
2. H	ace or Color, (if not of the white race)
3. I	ate of Birth, Nov. 7th 192
H. C.	lace of Birth, (Street and Number) 1112 Some St.
5. F	MI Name of Mother, Lea
В. М	other's Maiden Name, Pasafia
	other's Birthplace, Sanga Pol
	ill Name of Father, Rulyn Incolyon
9. Fo	other's Occupation Slippes makel
10. Fa	ther's Birthplace, Santa Pol
No	me of Medical Attendant, or other person who Panline State
	dress, 207 S Rhigh St.
	marks,

Wan, J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L00602

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)) Aluke
2. Race or Color, (if not of the white race)
3. Date of Birth, 30 olony of November
4. Place of Birth, (Street and Number) 955, N. chaples
5. Full Name of Mother, Jennie Bailes
6. Mother's Maiden Name, Jennie Camphor
7. Mother's Birthplace, Buttimere
8. Full Name of Father, Wathaniel Beile
9. Father's Occupation, Coul driver
10. Father's Birthplace, Authorice
Name of Medical Attendant, or other person who Maria wight
Address, 1018 wolf street
Remarks,

RETURN OF A BIRTH. L00603 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. Wm J C. Dulany Co., City Printers and Stationers.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Maje
2. Race or Color, (if not of the white race) A file
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother, A Mary Janes
6. Mother's Maiden Name,
7. Mother's Birthplace, Bath Cole
8. Full Name of Father,
9. Father's Occupation, Salt
10. Father's Birthplace, Baltica of
Name of Medical Attendant, or other person who My Getike
Address
Remarks, Bouth Bouch

RETURN OF A BIRTH. L00604 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1. Sex, (state whether male or female)..... 2. Race or Color, (if not of the white race)..... 3. Date of Birth, Place of Birth, (Street and Number)..... 5. Full Name of Mother, Exenstine &Coin 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation 10. Father's Birthplace, ... Germanny: Name of Medical Attendant, or other person who Moss Address,.... Remarks, Wm. J. C. Dulany Co., City Printers and Stationers.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH! L00606 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A Solution	To. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
anoisi and a	. Sex, (state whether male or female) Hemale
2	Race or Color, (if not of the white race) White
프라이 18 19 등 대한	Date of Birth, Nov 29
covered	Place of Birth, (Street and Number)
5 5.	Full Name of Mother, Sophia Girdemore
6.	Mother's Maiden Name, Sofifica Swartz
7.	Mother's Birthplace, Garmana
8.	
ollars 9.	Father's Occupation, Laborer
g 10.	Father's Birthplace, Harfad bounty one
<u> </u>	Name of Medical Attendant or other person who
on and	Name of Medical Attendant, or other person who makes this Return, at the Soul Park and
	and the state of t
	Remarks,

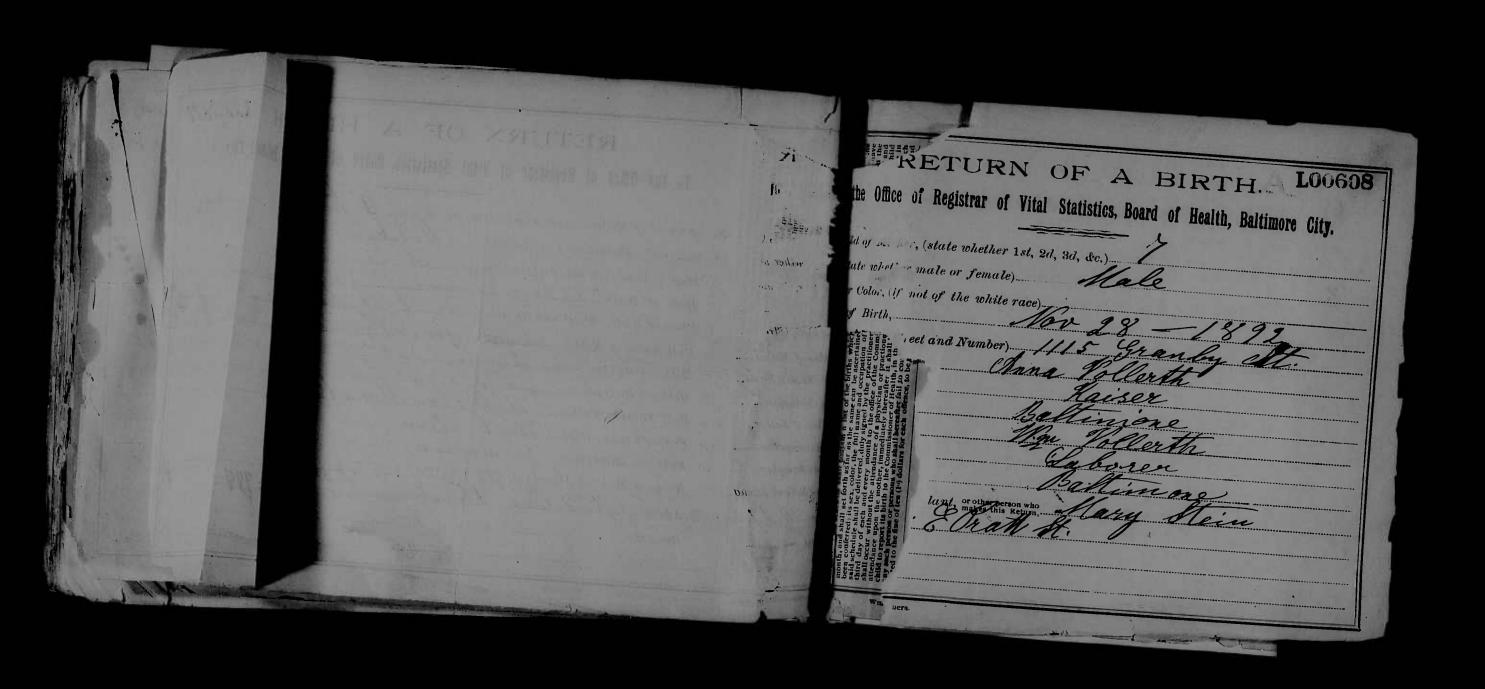
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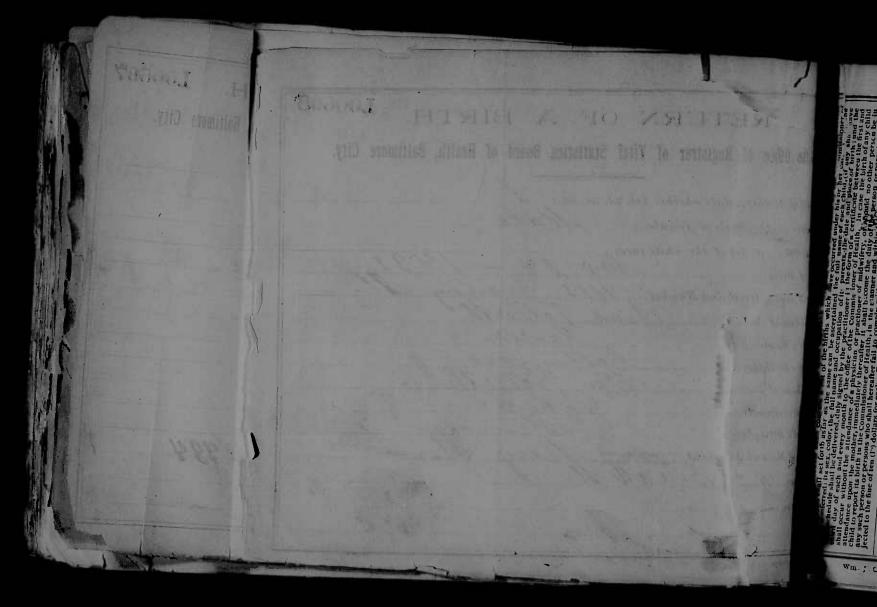
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RETURN OF A BIRTH. L00607 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 4 3. Date of Birth, 28 les & Vamentes 4. Place of Birth, (Street and Number) Let J. 10 3 5. Full Name of Mother, Mean Meint 6. Mother's Maiden Name, 7. Mother's Birthplace, Gentucciese
8. Full Name of Father, Wilhelm Rein Beins 9. Father's Occupation What china 10. Father's Birthplace, ____garallesses. Name of Medical Attendant, or other person who makes this Return, Address, Francise Solowary Jan & Cy N. 934 Remarks, Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L00608 the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. L00609 altimore City. ld of m. her, (state whether 1st, 2d, 3d, &c.).... tale whol' or male or female)...... of Birth, South of the white race)

of Birth, South of the white race of the white r Bellimore Ballimone

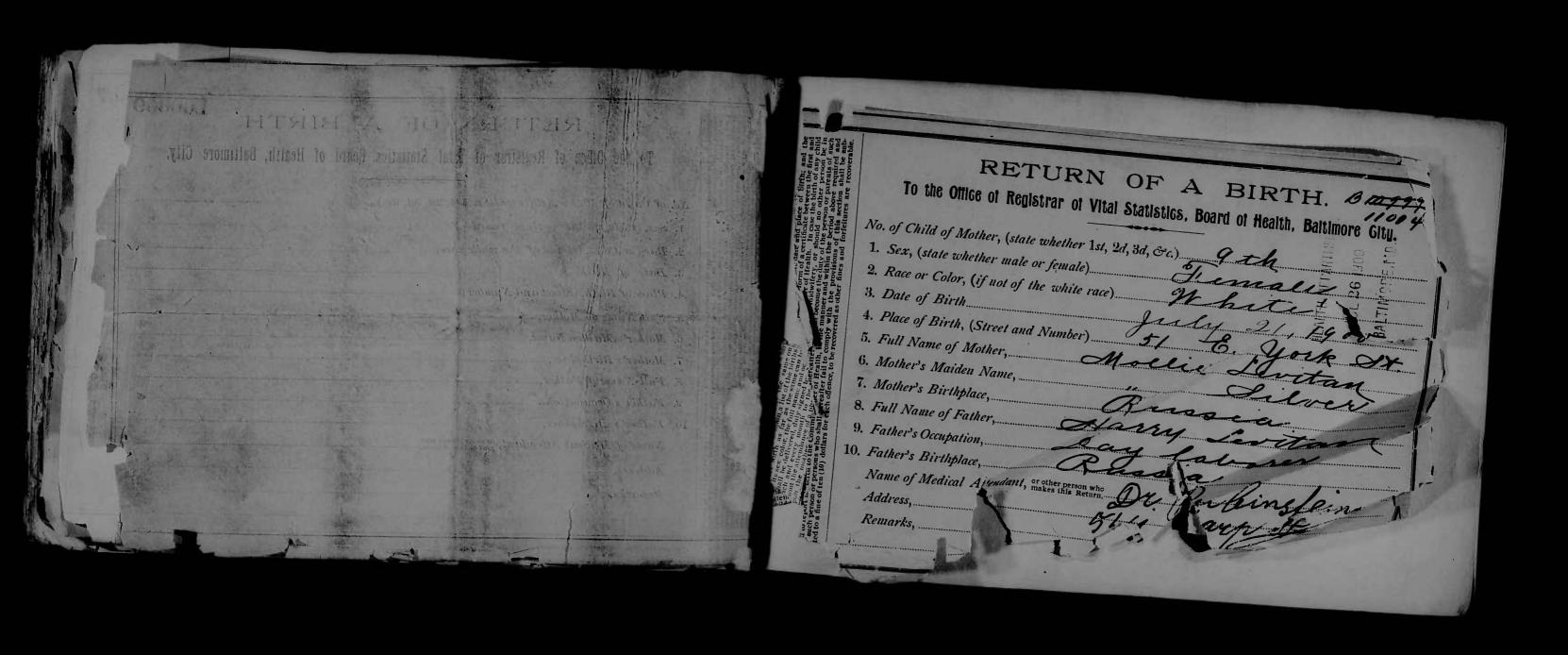


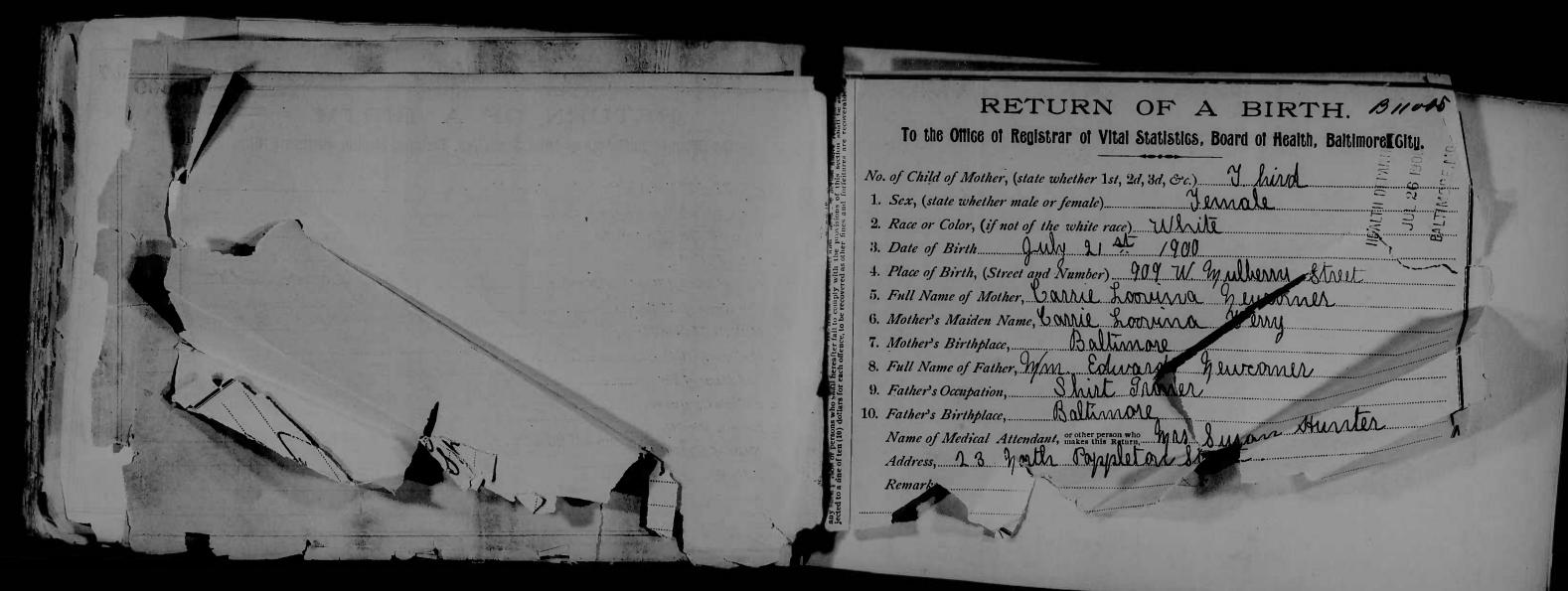


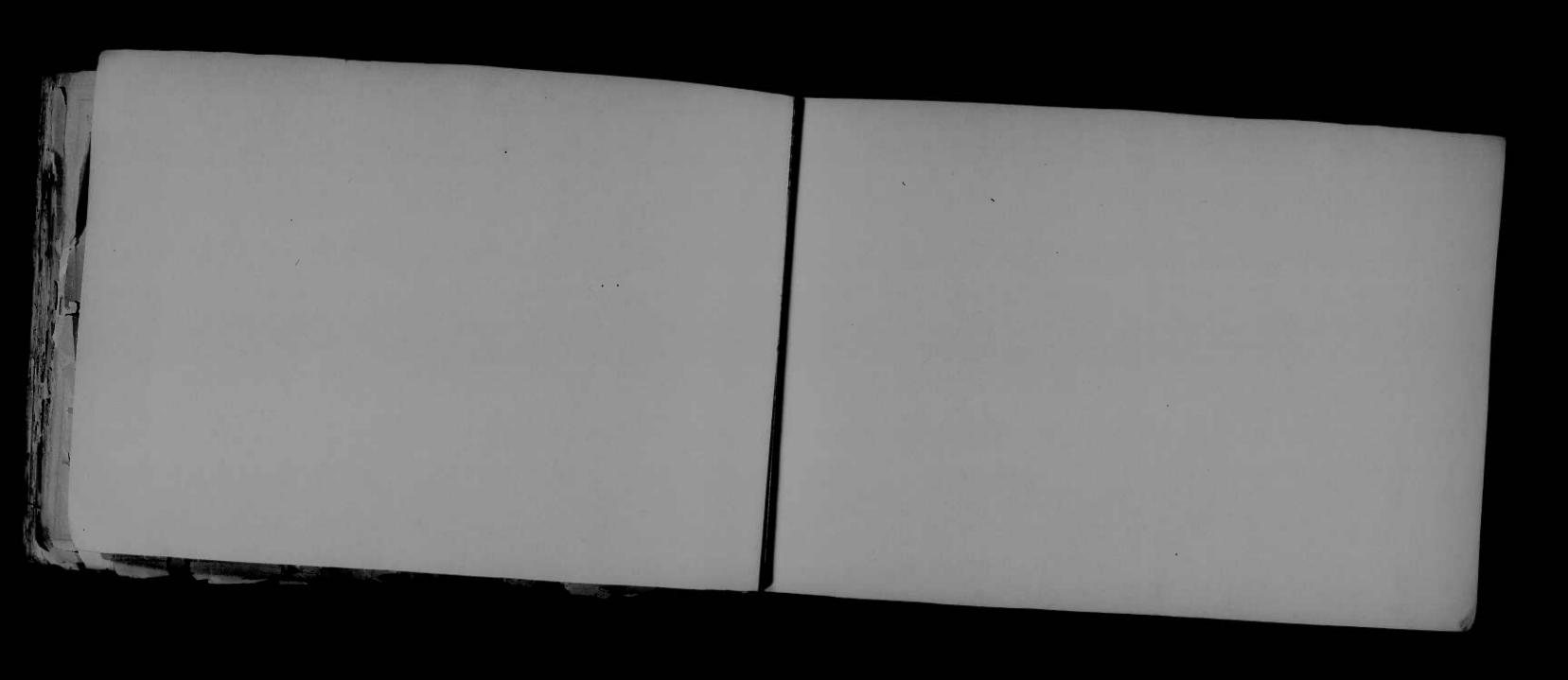
RETURN OF A BIRTH. L00609

No. of Child of Mother, (1. Sex, (state whether med) 2. Race or Color, (if not)	ile or female)	?.) <i>(</i>		
2. Race or Color, (if not 3. Date of Birth,	of the white	man Mil	Clare.		
3. Date of Birth,	***************************************	13200	Le		***************************************
4. Place of Birth, (Street	and Number	13	call I		4.
". L'all Name of Moth.			the the last	~ 1	

S Mirthmin	(1)				
7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation		Biennica	Ludre		
8. Full Name of Father, 9. Father's Occupation	7	221211		***************************************	
'. Father's Birthplace		L. L. L.	der.		****************
Name of Medical Attend				sta cofe	
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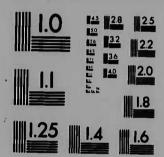






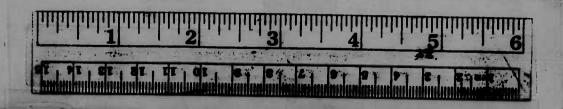
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By Ronald Doyle

Date 7-31-96

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